

15/9/2010

INS. CASE OWNER:

CC4 / III1900

4555, K1176

LKK:

IDAC:

Surveyor:

boc

DOI:

ASSIGNMENT

in/n/n

ps3

Date / Time:

13/3/19

Registered in Merimen:

13/3/19

Pre-assign / CCU / FTE



Insured Vehicle No.:

SLJ 5375R

Claim No.:

Name of Insured:

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :\$

D.O.A.:

11/3/19

Place of Accident:

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

OI GIA REPORT: YES / NO : TP GIA REPORT: YES / NO

Insured Liability:

%

Final ? Yes / No

SH 17921

SLJ 5375R

SHD 9857N



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS: 01



INSRS:

WSP:

Tel:

Liability:

RMKS: TP



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

16/04/2020

Pls refer to Views for details.

STAGE

DATE / PIC

Non-Reporting ltr (1st):

Non-Reporting ltr (2nd):

Non-Reporting ltr (Final):

Notification ltr (if non-pickup):

Call OI:

After call ltr to OI:

Documentation Check List: Handler Typist

Notification ltr (if non-pickup)

After call ltr to OI:

Authorisation To Act:

Release Voucher:

Final Repair Bill:

Car Rental Invoice:

Towing Invoice

LTA / GIA:

Medical Bill:

PIR:

Mandate/Reject Instruction:

LOD

Payment Breakdown Form:

Post-Repair Photos:

Others:

PRELIMINARY ADVICE

Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost: L/sum

\$ 5,400.00

(3

days) Reduction: 72

%

Email

Call

FINAL SETTLEMENT

Date/Time: 16/04/2020

Confirm with: Wai Yin

Email

Call

Final Liability:

%

100

(Agreed / Assessed) BOLA S/N No. : 28

If NO or B 28, Ass. Lia : 0

Repair Cost: w/GST

\$ 5,778.00

Loss of Rental (LOR):

\$ 387.96

(4

days) x \$96.99

Loss of Use (LOU):

\$

(\$

x

days)

Loss of Income (LOI):

\$

(\$

x

days)

LOR only ☒ LOU only ☐LOR + LOU ☐LOR + LO ☐

[Tick only one]

GIA/LTA Search

\$

7.45

Medical:

\$

Disbursement:

\$

(e.g. Tow/ Independent)

Legal Cost

\$

1) Claim status: Normal/Reject/Dispute/Settle

2) Report Format: TP

3) Survey fee: \$600.00

Total:

\$ 6,173.41

Global Sum \$:

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

\$ 6,173.41

Name 1:

Trans-cab Auto Services Pte Ltd

Payee 2: (Strike if N.A.)

\$

Name 2:

Payee 3: (Strike if N.A.)

\$

Name 3: