

INS. CASE OWNER:

CC 4, 085 1900 5077, 6 ea3

LKK:

IDAC:

Surveyor:

Steve

DOI:

ASSIGNMENT

21/3/19

Date / Time:

20/03/19

Registered in Merimen:

Pre-assign / CCU / FTE

XD 8964K



Insured Vehicle No. :

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :SS

D.O.A :

Place of Accident :

Is driver the owner? (YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

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

Driver Tel No. :

(V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SKZ 5288L



INSRS:

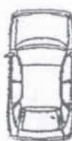
WSP:

Tel :

Liability :

RMKS:

Trans. Eurokars



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SKZ 5288L - X ; XD 8964K - X

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: S\$ 4,869.72 (5 days) Reduction: 65 %

Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 19/06/2020 Confirm with Tommy Woon

Email ☒ Call ☐

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 15

If NO or B 28, Ass. Lia :

Repair Cost: (w/GST) S\$ 5,210.60

Loss of Rental (LOR): (w/GST) S\$ 321.00 (3 days) x \$100

Loss of Use (LOU): S\$ - (\$ x days)

Loss of Income (LOI): S\$ - (\$ x days)

LOR only ☒ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]

GIA/LTA Search S\$ 2.00

Medical: S\$ -

Disbursement: S\$ - (e.g. Tow/ Independent)

Legal Cost S\$ -

Total: S\$ 5,533.60

Global Sum S\$:

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Payee 1: S\$ 5,533.60

Name 1: Trans Eurokars Pte Ltd

Payee 2: (Strike if N.A.) S\$

Name 2:

Payee 3: (Strike if N.A.) S\$

Name 3:

1) Claim status: Normal/Reject/Private Settlement

2) Report Format: TP

3) Survey fee: \$400