

15/5/2010

INS. CASE OWNER:

CC 3/III1900 5682, Kijohs2

LKK:

IDAC:

Surveyor:

Functn.

DOI:

ASSIGNMENT

21/7/14

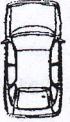
Date / Time :

21/7/14

Registered in Merimen:

1/4/14

Pre-assign / CCU / FTE



Insured Vehicle No. :

SHC 8865H

Name of Insured :

LTM

Insured Tel No. :

HP:

Excess Sec II :\$S

D.O.A :

27/7/14

Is driver the owner?

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age : KWIHONY 21/7/14

Driver Tel No. :

(V/L: YES / NO)

Claim No. :

Policy No. :

Make / Model :

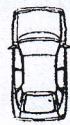
Place of Accident :

WILSONS LOP 27

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

Insured Liability : % Final ? Yes / No

SHC 8865H



INSRS:

WSP:

Tel :

Liability :

RMKS:

trans
cab

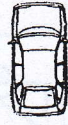
INSRS:

WSP:

Tel :

Liability :

RMKS:



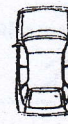
INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	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: KENNETH		
Repair Cost: PIP	\$S 17,242.92 (4 days) Reduction: 42614.41 % 24	Email ☒ Call ☐
FINAL SETTLEMENT Date/Time: 19/05/2021 Confirm with: WALYIN		
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 15	Email ☒ Call ☐
Repair Cost: (WIPST)	\$S 14,180.62	If NO or B 28, Ass. Lia : 01 change to TP lane.
Loss of Rental (LOR):	\$S 621.60 (6 days) x 4107.60	
Loss of Use (LOU):	\$S - (\$ x days)	
Loss of Income (LOI):	\$S 240.00 (\$ 40 x 6 days)	
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LO ☒	[Tick only one]	
GIA/LTA Search	\$S -	1) Claim status: ☒ Normal/Reject/Private Settle
Medical:	\$S -	2) Report Format: TP
Disbursement:	\$S - (e.g. Tow/ Independent)	3) Survey fee: \$600.00
Legal Cost	\$S -	
Total:	\$S 15,042.22	Global Sum \$S: 15,000.00
FINAL PAYMENT Date/Time: Confirm with: Email ☒ Call ☐		
Payee 1:	\$S 15,042.22	Name 1: TRANS-CAB AUTO SERVICES PTE LTD
Payee 2: (Strike if N.A.)	\$S	Name 2:
Payee 3: (Strike if N.A.)	\$S	Name 3: