

INS. CASE OWNER:

CC 5/ 086 19009869

IDAC:

Surveyor:

Kehnefu

DOI:

3/6/19

ASSIGNMENT

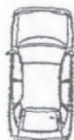
Kba3s2

Date / Time:

3/6/19

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SLN 4394X

Claim No.:

VC012646

Name of Insured:

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :SS

D.O.A:

30/5/2019

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

SHO 382G



INSRS:

WSP:

Tel:

Liability:

RMKS:

Trans Cab



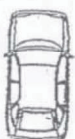
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

SHO 382G 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:

06/10/2020

SETTLED AND CLOSED / FILE IN DRAWER

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost: L/S

S\$ 5,550.00

(5 days)

Reduction:

89.51

%

Email ☐Call ☐

FINAL SETTLEMENT

Date/Time: 06/10/2020

Confirm with

WAI YIN

Email ☒Call ☐

Final Liability:

S\$ 50

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

If NO or B 28, Ass. Lia:

Repair Cost: 5,938.50

S\$ 2,969.25

Loss of Rental (LOR): 1,113.97

S\$ 556.99

(11 days)

x \$101.27

Loss of Use (LOU):

S\$

(\$ x days)

Loss of Income (LOI): 550.00

S\$ 275.00

(\$ 50 x 11 days)

LOR only ☐LOU only ☐LOR + LOU ☐LOR + LOI ☒

[Tick only one]

GIA/LTA Search

S\$ 7.49

Medical:

S\$

Disbursement:

S\$

(e.g. Tow/ Independent)

Legal Cost

S\$

Total:

S\$ 3,808.73

Global Sum S\$:

3,800.00

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

TP

3) Survey fee:

\$400.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐Call ☐

Payee 1:

S\$ 3,800.00

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: