

INS. CASE OWNER:

CC 3 / CAI 1301457 / Kka3-1

LKK:

IDAC:

Surveyor:

Kenneth

DOI:

ASSIGNMENT

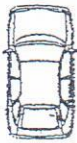
03/09/2013

Date / Time:

31/1/13

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SGU 408 P

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : SS _____ D.O.A : 03/09/2013

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

SHD 9235P

INSRS:
WSP: Tran-cab
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date / Time	STAGE	DATE / PIC
SHD 9235P - CC3 / AXD 12013486 / Kvic3 DOA 29/06/2012	Non-Reporting ltr (1st):	
- CC4 / ASM 19006945 / Klp3 DOA 14/04/2009	Non-Reporting ltr (2nd):	
SGU 408 P - CS / INC 09005500 / Kph DOA 23/12/2008	Non-Reporting ltr (Final):	
- NA / CAI 15004558 / h3 DOA 16/03/2015	Notification ltr (if non-pickup):	
30/1/13	Call OI:	7 25/1/13 VIC
Chackwa	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: 45 S\$ 3,050.00 (4 days) Reduction: 61 %	Email ☐ Call ☐	
FINAL SETTLEMENT Date/Time: 23/1/13	Confirm with JASMINE	Email ☒ Call ☐
Final Liability: % 50 (Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :	
Repair Cost: CWASD 320.50 1,631.75		
Loss of Rental (LOR): 451.46\$ 228.98 (4 days) x \$114.49		
Loss of Use (LOU): 200.00\$ 100 (\$ 50 x 4 days)		
Loss of Income (LOI): S\$ - (\$ - x - days)		
LOR only ☐ LOU only ☐ LOR + LOU ☒ LOR + LOI ☐ [Tick only one]		
GIA/LTA Search S\$ 6.00		
Medical: S\$ -		
Disbursement: S\$ - (e.g. Tow/ Independent)		
Legal Cost S\$ -		
Total: S\$ \$1,966.73	Global Sum S\$: 1,960.00 (50%)	
FINAL PAYMENT Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1: S\$ 1,960.00	Name 1: TRANS-CAB SERVICES PTE LTD	
Payee 2: (Strike if N.A.) S\$ -	Name 2:	
Payee 3: (Strike if N.A.) S\$ -	Name 3:	