

INS. CASE OWNER:

CC3 / AXA14001742 / Kga3-1

LKK:

IDAC:

Surveyor:

Kenneth

DOI:

ASSIGNMENT

27/01/2014

Date / Time:

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SKL 1060 B

Claim No.:

Name of Insured:

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II : \$S

D.O.A:

24/01/2014

Place of Accident:

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

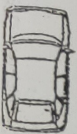
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability:

%

Final? Yes / No

SHD 5702J



INSRS:

WSP: Trans-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 5702J - X SKL 1060B - X	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	14/5/14 JTC
		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:	☒ ☐

RELIMINARY ADVICE	Date/Time:	Sent By:

RELIMINARY ADVICE Date/Time:

Sent By:

ANALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

46

\$S

23,000.00

(18. days)

Reduction:

\$58381.84

%

72.

Email ☐Call ☐

ANAL SETTLEMENT

Date/Time:

Confirm with

Jasmine.

Email ☒Call ☐

Liability:

%

55

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

5.

If NO or B 28, Ass. Lia:

Repair Cost:

\$24,610

\$S

13,535.50

(w/GST)

Loss of Rental (LOR):

\$S

11407.69

(26 days)

x \$98.44

(w/GST)

Loss of Use (LOU):

\$S

-

(\$

x

days)

Loss of Income (LOI):

\$S

-

(\$

x

days)

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

[Tick only one]

A/LTA Search

\$S

6.00

Medical:

\$S

-

Disbursement:

\$S

-

(e.g. Tow/ Independent)

Total:

\$S

14,949.19

Global Sum \$S:

14,800/-

ANAL PAYMENT

Date/Time:

Confirm with:

Email ☒Call ☐

Face 1:

\$S

14,800.00

Name 1:

Trans - Cab Auto Services Pte Ltd.

Face 2: (Strike if N.A.)

\$S

Name 2:

Face 3: (Strike if N.A.)

\$S

Name 3: