Calculation slip wrong.

15/5/2010

INS. CASE OWNER: TOO CHIT YAN | CC3 /AIG1901 1591 , Kh635Z | LKK: IDAC:

ASSIGNMENT

Surveyor: Kenneth. DOI: 28/6/19 Date / Time : 28/6/19.

Registered in Merimen: 1/7/19.

Pre-assign / CCU / FTE

Insured Vehicle No. : SJP 3585G. Claim No. : 4679333333256

Name of Insured : KALAICHELVAN S/O KANNADOR SELLAPPAN. Policy No. : 19000025-61

Insured Tel No. : HP: Make / Model : TOYOTA

Excess Sec II :S$ D.O.A : 27/6/19. Place of Accident : PIE TWDS TUAS.

Is driver the owner? (YES / NO) Nature of Accident :

If **NO**, Driver Name / Age : KVANOMKANNA OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SHC 5691L → →

INSRS: WSP: Trans Cab. Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SHC5691L-X SJP3585G-X
	- FINALISED
16/07/19	- FILE REVIEWED. OI REAR-ENDED TP. SEND LETTER & EMAIL TO OI TO NOTIFY TP CLAIM & NCD ISSUES.
	- ORIGINAL TP LOD IN
15/08/19	- TYPE REPORT FOR MANDATE APPROVAL
	- REPORT DONE
15/10/19	- SEEK MANDATE APPROVAL TO AIG
09/01/20	- AIG APPROVED MANDATE @ LOR/LOI 6 DAYS
10/01/20	- SEND 1ST OFFER TO TP
13/01/20	- TP ACCEPTED OFFER.
	- ALL DOCS IN ORDER.
	- TO CLOSE.

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:	16/07/19 - VK

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: L6	S$ 8,000.00 (5 days) Reduction: 85 %		Email ☐ Call ☐

FINAL SETTLEMENT	Date/Time: 13/01/20 Confirm with WAI YIN	Email ✓ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: (W/GST)	S$ 8,560.00	(OI REAR-ENDED TP)
Loss of Rental (LOR):	S$ 581.94 (6 days) x $96.99	
Loss of Use (LOU):	S$ — ($ x days)	
Loss of Income (LOI):	S$ 300.00 ($50 x 6 days)	
LOR only ☐ LOU only ☐	LOR + LOU ☐ LOR + LOI ✓ [Tick only one]	
GIA/LTA Search	S$ 7.49	
Medical:	S$ —	1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ — (e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$ —	3) Survey fee: $320.00
Total:	S$ 9,449.43. **Global Sum S$:** 9,440.00	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 9,440.00	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:	—