15/5/2010

INS. CASE OWNER: CC 3, Asm 190 13579, Kpa3

LKK:

IDAC:

ASSIGNMENT

Surveyor: KSC   DOI: 5/8/19   Date / Time : 5/8/19

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. :	FBL 6846 A	Claim No. :	
Name of Insured :		Policy No. :	
Insured Tel No. :	HP:	Make / Model :	
Excess Sec II :S$	D.O.A : 1/8/2019	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**

SHO 9848 X → ______ → ______ → ______

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

Date/ Time	
	SHO 9848 X - CC3/ASA 1500 7686/KWa3q2 ; DOA: 10/7/15
	FBL 6846A - X
04/08/2020	Pls refer to Views for details.

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:

Repair Cost: L/sum   S$ 2,100.00 (3 days)   Reduction: 93 %   Email ☐ Call ☐

FINAL SETTLEMENT   Date/Time: 04/08/2020   Confirm with Wai Yin   Email ✓ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 15	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 2,247.00	
Loss of Rental (LOR):	S$ 380.16 (4 days) x $95.04	
Loss of Use (LOU):	S$ ($ x days)	
Loss of Income (LOI):	S$ 200.00 ($ 50 x 4 days)	
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ✓ **[Tick only one]**		
GIA/LTA Search	S$ 7.45	
Medical:	S$	1) Claim status: Normal/~~Reject/Private Settle~~
Disbursement:	S$ (e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S$	3) Survey fee: $350.00
Total:	**S$** 2,834.61 **Global Sum S$:** 2,800.00	

FINAL PAYMENT   Date/Time: Confirm with: Email ✓ Call ☐

Payee 1:	S$ 2,800.00	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:	