15/5/2010

INS. CASE OWNER: CC3, EQ1190 14000, Kpa3

LKR:
IDAC:

ASSIGNMENT

Surveyor: Kenneth DOI: 8/8/19 Date / Time: 8/8/19

Registered in Merimen: ✓

Pre-assign / CCU / FTE

Insured Vehicle No. :	YN 3578 K	Claim No. :	
Name of Insured :		Policy No. :	
Insured Tel No. :	HP:	Make / Model :	
Excess Sec II :S$	D.O.A : 3/8/19	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**

SHD5318K → ______ → ______ → ______

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

Date/ Time	
	SHD5318K, CS/Fa1 300 ???/ Kwn? ; DOA: 28/12/12
	- CS/TR/ 4081892/ Kadi ; DOA: 15/12/13
	YN3578K - CC7/Mca1700 2263/ CR?w? ; DOA: ?/?/13
24/04/2020	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: Email ☐ Call ☐

Repair Cost: P/P S$ 640.00 (2 days) Reduction: 97 %

FINAL SETTLEMENT	Date/Time: 24/04/2020	Confirm with Jasmine	Email ✓ Call ☐
Final Liability:	% 50	(Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
w/GST Repair Cost: 684.80	S$ 342.40		
Loss of Rental (LOR): 283.50	S$ 141.75	(2.5 days) x $113.40	
Loss of Use (LOU):	S$	($ x days)	
Loss of Income (LOI):	S$	($ x 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: $400.00
Total:	**S$** 491.60	**Global Sum S$:** 470.00	

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

Payee 1:	S$ 470.00	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:	