

15/5/2010

INS. CASE OWNER:

CC 3 /AIG1901 4270 ~~(nb)~~

LKK:  
IDAC:

Kbb3

Surveyor:

Kameth.

DOI:

ASSIGNMENT  
15/8/14

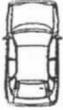
Date / Time :

15/8/14

Registered in Merimen:

16/8/14

Pre-assign / CCU / FTE



Insured Vehicle No. : SMN 3770M

Claim No. : \_\_\_\_\_

Name of Insured : \_\_\_\_\_

Policy No. : \_\_\_\_\_

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

Make / Model : \_\_\_\_\_

Excess Sec II :SS \_\_\_\_\_ D.O.A : 10/8/14

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

SHC 56014



INSRS: TRANS  
WSP: CMB  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time	STAGE	DATE / PIC
SHC 56014 - A	Non-Reporting ltr (1st):	
SMN 3770M - A	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OI:	
	After call ltr to OI:	
	<b>Documentation Check List:</b>	<b>Handler</b> <b>Typist</b>
	Notification ltr (if non-pickup)	<input checked="" type="checkbox"/> <input type="checkbox"/>
	After call ltr to OI:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Authorisation To Act:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Release Voucher:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Final Repair Bill:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Car Rental Invoice:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
	LTA / GIA :	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
	PIR:	<input type="checkbox"/> <input type="checkbox"/>
	Mandate/Reject Instruction:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	LOD	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
	Others:	<input type="checkbox"/> <input type="checkbox"/>

05/02/2021 SETTLED AND CLOSED / FILE IN DRAWER

<b>PRELIMINARY ADVICE</b>	Date/Time:	Sent By:	Confirm by:
<b>FINALIZATION</b>	Date/Time:	Confirm with:	Confirm by:
Repair Cost: L/S	S\$ 5,000.00 ( 3 days)	Reduction: 88.82 %	Email <input type="checkbox"/> Call <input type="checkbox"/>
<b>FINAL SETTLEMENT</b>	Date/Time: 04/02/2021	Confirm with: WAI YIN	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Final Liability:	% 50 (Agreed / Assessed)	BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost:(w/GST): 5,350.00	S\$ 2,675.00		
Loss of Rental (LOR): 290.97	S\$ 145.49 ( 3 days) x \$96.99		
Loss of Use (LOU):	S\$ ( \$ x days)		
Loss of Income (LOI): 150.00	S\$ 75.00 (\$150 x 3 days)		
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/> LOR + LO <input checked="" type="checkbox"/> [Tick only one]		
GIA/LTA Search	S\$ 7.49		
Medical:	S\$		
Disbursement:	S\$ (e.g. Tow/ Independent )		
Legal Cost	S\$		
<b>Total:</b> 5,798.46	<b>2,902.98</b>	<b>Global Sum S\$: 2,900.00</b>	1) Claim status: Normal/Reject/Private Settle
<b>FINAL PAYMENT</b>	Date/Time:	Confirm with:	2) Report Format: TP
Payee 1:	S\$ 2,900.00	Name 1: TRANS-CAB AUTO SERVICES PTE LTD	3) Survey fee: \$320.00
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	