15/5/2010

INS. CASE OWNER:	CC 3 /CTI1901 6243, KK6342
	LKK:
	IDAC:

ASSIGNMENT

Surveyor: Kenneth   DOI: 12/9/19   Date / Time: 12/9/49.
Registered in Merimen: —

Pre-assign / CCU / FTE

Insured Vehicle No. : GBB 6803B.
Name of Insured : FUXIN F d B PIL
Insured Tel No. : _____ HP: _____
Excess Sec II :S$ _____ D.O.A : 11/9/19.
Is driver the owner? (YES / NO) Nature of Accident :
If **NO**, Driver Name / Age : WANG SHIWEN
Driver Tel No. : _____ (V/L: YES / NO)

Claim No. : SWM19DN435LIr
Policy No. : DMCVSW 30668 31800
Make / Model : TOYOTA
Place of Accident : TMOS PIE

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
Insured Liability : % **Final ? Yes / No**

SHO 755D →

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

		→			→			→	
INSRS: WSP: Tel : Liability : RMKS:			INSRS: WSP: Tel : Liability : RMKS:			INSRS: WSP: Tel : Liability : RMKS:			INSRS: WSP: Tel : Liability : RMKS:

Date/ Time			STAGE	DATE / PIC
	SHO755D-x GBB 6803B -x		Non-Reporting ltr (1st):	
	K to obtain TP video footage -CTI		Non-Reporting ltr (2nd):	
			Non-Reporting ltr (Final):	
			Notification ltr (if non-pickup):	
4/11/2020	called twice to OI. No answer		Call OI:	
Chinelwa			After call ltr to OI:	18/11/19 e-mail

Documentation Check List: Handler Typist

	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:	T/P S$ 6,146.23 (5 days) Reduction: 78 %		Email ☐ Call ☐	

FINAL SETTLEMENT Date/Time: 12/7/2020 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$ 6,576.47	+ TP video in.	
Loss of Rental (LOR):	S$ 621.60 (6 days) X $103.60	(OID rear end TP)	
Loss of Use (LOU):	S$ – (S – x – days)		
Loss of Income (LOI):	S$ 300 (S 50 x 6 days)		
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LO ✓ [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: TP	
Legal Cost	S$ –	3) Survey fee: $400	
Total:	S$ 7,505.56 Global Sum S$: 7,500.00		

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐	
Payee 1:	S$ 7,500.00	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:		