

15/5/2010

INS. CASE OWNER:

CC 3/AIG1901

9841, KXbb

LKK:

IDAC:

Surveyor:

Kenneth

DOI:

ASSIGNMENT

7/11/19

Date / Time :

b

7/11/19

Registered in Merimen:

8/11/19

Pre-assign / CCU / FTE



Insured Vehicle No. : SKA 49130

Claim No. : 1151994146SG

Name of Insured :

Policy No. :

Insured Tel No. : HP: 5/11/19

Make / Model :

Excess Sec II :\$\$ D.O.A : 5/11/19

Place of Accident :

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

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % Final ? Yes / No

SHC 5991X

INSRS:
WSP:
Tel :
Liability :
RMKS:Trans
cabINSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time

SHC 5991X - 15/10/2020 (BOLA S/N No. 27)
SKA 49130 - X

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:

30/10/2020

SETTLED AND CLOSED / FILE IN DRAWER

PRELIMINARY ADVICE Date/Time:		Sent By:		Confirm by:	
Repair Cost: L/S		S\$ 5,650.00 (5 days) Reduction: 87.55 %		Email <input type="checkbox"/> Call <input type="checkbox"/>	
FINAL SETTLEMENT Date/Time: 27/10/2020		Confirm with: WAI YIN		Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27				If NO or B 28, Ass. Lia :	
Repair Cost: (W/GST) S\$ 6,045.50					
Loss of Rental (LOR): S\$ 678.93 (7 days) x \$96.99					
Loss of Use (LOU): S\$ (\$ x 7 days)					
Loss of Income (LOI): S\$ 350.00 (\$ 50 x 7 days)					
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input checked="" type="checkbox"/> [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: \$320.00	
Total: S\$ 7,081.92		Global Sum S\$: 7,000.00			
FINAL PAYMENT Date/Time:		Confirm with:		Email <input type="checkbox"/> Call <input type="checkbox"/>	
Payee 1: S\$ 7,000.00		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:			