15/5/2010

INS. CASE OWNER: CC3/CTI19020806/Kda3

LKK:
IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 22/11/2019 Date / Time : 22/11/2019

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : GBF 6551G Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 21.11.2019 10:50 Place of Accident : ANG MO KIO AVE 6

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 5980C → → →

INSRS:
WSP: TRANS-CAB
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHC 5980C - CC3/AIG19002480/Kda3q2; DOA: 02.02.19
	- CC4/ASM19002066/Efa3q2; DOA: 25.1.19
	- CS/FCI18021614/Ktd3n2; DOA: 28.11.18
	- CC3/AIG17004784/Keb3q2; DOA: 06.03.17
	- CC3/III15012162/Kya3n2; DOA: 14.7.15
	GBF 6551G - 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:		

PRELIMINARY ADVICE	Date/Time:	Sent By:	
FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost:	S$ 9,350.00 (8 days) Reduction: 80 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 22/07/2020	Confirm with Ng 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$ 10,004.50		
Loss of Rental (LOR):	S$ 872.91 (9 days)	X $96.99	
Loss of Use (LOU):	S$ - ($ x days)		
Loss of Income (LOI):	S$ 450.00 ($ 50 x 9 days)		
LOR only ☐ LOU only ☐	LOR + LOU ☐ LOR + LOI ✓	[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: $400
Total:	S$ 11,334.90	**Global Sum S$:**	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 11,334.90	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:	