

INS. CASE OWNER: CHAN KIAN MENG

CC3/AIG19021059/Kha3

LKK:
IDAC:

ASSIGNMENT

Kba3

Surveyor: KENNETH

DOI: 27/11/2019

Date / Time : 27/11/2019

Registered in Merimen: 28/11/2019

Pre-assign / CCU / FTE



Insured Vehicle No. : SJP 4983J

Claim No. : 1638653381SG

Name of Insured : ORANGE CARS

Policy No. : 0999994037

Insured Tel No. : HP:

Make / Model : HONDA STREAM 1.8X A

Excess Sec II :S\$

D.O.A : 25/11/2019

Place of Accident : TAMPINES ST 82

Is driver the owner? (YES / ☒ NO)

Nature of Accident :

If NO, Driver Name / Age : CHAN HONG WAI DAVID (CHEN HONGWEI DAVID) GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NO

Driver Tel No. : +65-82249356

(V/L: YES / NO)

Insured Liability : %

Final ? Yes / No

SHD 511B

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

Date/ Time		STAGE	DATE / PIC
	SHD 511B - CC3/AIG18012942/Kjb3s2; DOA: 12.7.18 - CS/FCI17014459/Ktbn2; DOA - 23.7.17	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
	SJP 4983J - NA/AIG19020939/z4 ; DOA: 25.11.19	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)	<input checked="" type="checkbox"/>
		After call ltr to OI:	<input checked="" type="checkbox"/>
		Authorisation To Act:	<input checked="" type="checkbox"/>
		Release Voucher:	<input checked="" type="checkbox"/>
		Final Repair Bill:	<input checked="" type="checkbox"/>
		Car Rental Invoice:	<input checked="" type="checkbox"/>
		Towing Invoice	<input checked="" type="checkbox"/>
17/09/2020	SETTLED AND CLOSED / FILE IN DRAWER	LTA / GIA :	<input checked="" type="checkbox"/>
		Medical Bill:	<input type="checkbox"/>
		PIR:	<input type="checkbox"/>
		Mandate/Reject Instruction:	<input checked="" type="checkbox"/>
		LOD	<input checked="" type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/>
		Post-Repair Photos:	<input type="checkbox"/>
		Others:	<input type="checkbox"/>

PRELIMINARY ADVICE Date/Time:		Sent By:	
FINALIZATION Date/Time:		Confirm with:	
Repair Cost: P/P	S\$ 5,874.38 (5 days) Reduction: 80.35 %	Email <input type="checkbox"/> Call <input type="checkbox"/>	
FINAL SETTLEMENT Date/Time: 16/09/2020 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\$ 6,285.59	OID rear-ended TP	
Loss of Rental (LOR):	S\$ 607.62 (6 days) x \$101.27		
Loss of Use (LOU):	S\$ (\$ x days)		
Loss of Income (LOI):	S\$ (\$ x days)		
LOR only <input checked="" type="checkbox"/> LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/> LOR + LOI <input 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\$ 6,900.70 Global Sum S\$: 6,900.00		
FINAL PAYMENT Date/Time:		Confirm with: Email <input type="checkbox"/> Call <input type="checkbox"/>	
Payee 1:	S\$ 6,900.00 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:		