

15/5/2010

CC3/FCI19021932/Kka3q2

INS. CASE OWNER:

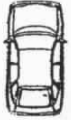
CC 3, FCI 190 21932, K 63

LKK:

IDAC:

Surveyor: Kenneth DOI: 11/12/10 Date / Time : 11/12/10
 Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SHA 7707u Claim No. : _____
 Name of Insured : _____ Policy No. : _____
 Insured Tel No. : _____ HP: _____ Make / Model : _____
 Excess Sec II : \$ _____ D.O.A : 10/12/10 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

SHO 5545X



INSRS: trans
 WSP: cab
 Tel : _____
 Liability : _____
 RMKS: _____



INSRS: _____
 WSP: _____
 Tel : _____
 Liability : _____
 RMKS: _____



INSRS: _____
 WSP: _____
 Tel : _____
 Liability : _____
 RMKS: _____



INSRS: _____
 WSP: _____
 Tel : _____
 Liability : _____
 RMKS: _____

Date/ Time	STAGE	DATE / PIC
SHO 5545X - X SHA 7707u - 16/12/2010 / 11/12/10	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:	Confirm by:
Repair Cost:	P/P \$ 1,442.95	(2 days) Reduction:	23,893.78/94 %	Email ☐ Call ☐
FINAL SETTLEMENT		Date/Time: 25/8/2020	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)	\$ 1,543.96	NOTE: FCI APPROVED MANDATE FOR \$1860 (all in).		
Loss of Rental (LOR):	\$ 315	(3 days) X 105		
Loss of Use (LOU):	\$ (\$ x days)			
Loss of Income (LOI):	\$ (\$ x days)			
LOR only ☒ LOU only ☐	LOR + LOU ☐ LOR + LO ☐	[Tick only one]		
GIA/LTA Search	\$			
Medical:	\$			
Disbursement:	\$	(e.g. Tow/ Independent)	1) Claim status: Normal/Reject/Private Settle	
Legal Cost	\$	2) Report Format: TP		3) Survey fee: \$350
Total:	\$ 1,858.96	Global Sum \$:	1,860.00	
FINAL PAYMENT		Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	\$ 1,860.00	Name 1:	TRANS-CAB AUTO SERVICES PTE LTD	
Payee 2: (Strike if N.A.)	\$	Name 2:		
Payee 3: (Strike if N.A.)	\$	Name 3:		

ASS. REC. BY:

REF: PC21Kenneth

ASSIGNMENT

From: _____

Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. _____

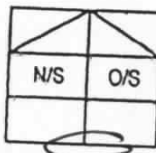
Sum Insured: _____

Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

Bal. or Market Value: _____

IDAC Accident Rpt: _____

Consistent? : Yes or No

GIA / PR Seen: _____

Consistent? : Yes or No

Est. Repairs: _____

02 days

Res.: Yes or No

Lum Sum: _____

1.81 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

Date / Time

Action / Instruction

1 File pass to

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Survey Fee: _____

Transportation: _____

S + RS. SI

Fines

Others

TOTAL

Report Format :

Lump Sum / I.B.I: (\$