

15/5/2010

INS. CASE OWNER:

CC 3, Fu 190 mat, Kh63

LKK:

IDAC:

Surveyor:

Kenneth

DOI:

ASSIGNMENT

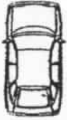
10/11/19

Date / Time :

17/11/19

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

SHU 7A670

Claim No. :

D19007871MFSH

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :S\$

D.O.A :

11/11/19

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

SHU 5A1X

INSRS:
WSP:
Tel :
Liability :
RMKS:Trans
cnhINSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	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:	☐
	SETTLED AND CLOSED	

PRELIMINARY ADVICE Date/Time:		Sent By:		Confirm by:	
Repair Cost:	L/S	S\$ 2,800.00	(4 days) Reduction:	8.54 %	Email ☐ Call ☐
FINAL SETTLEMENT Date/Time: 28/04/2020		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\$	2996.00	OI REAR ENDED TP		
Loss of Rental (LOR):	S\$	543.84	(6 days) X \$90.64		
Loss of Use (LOU):	S\$	-	(\$ x days)		
Loss of Income (LOI):	S\$	300.00	(\$50.00 x 6 days)		
LOR only ☐ LOU only ☐	LOR + LOU ☐ LOR + LOI ☒	[Tick only one]			
GIA/LTA Search	S\$	-			
Medical:	S\$	-			
Disbursement:	S\$	-	(e.g. Tow/ Independent)	1) Claim status: Normal/Reject/Private Settle	
Legal Cost	S\$	-	2) Report Format: TP		
Total:	S\$	3,839.84	Global Sum S\$:	3,800.00	3) Survey fee: \$600.00
FINAL PAYMENT Date/Time:		Confirm with:		Email ☐ Call ☐	
Payee 1:	S\$	3,800.00	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:	-	

ASS. REC. BY:

REF: 1-021

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

To Inspect Vehicle No: _____

at Workshop m/s Trans Cab

of _____

Insured: _____

Policy No. _____

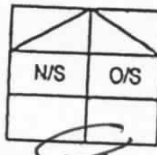
Claims No. _____

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 Report: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 4 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Date / Time Action / Instruction

1 / File pass to61 Lm @ 280dR= (\$29,966.65/ 8.54%)

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

S + RS. \$ _____

Firm's

Others

TOTAL

Report Format :

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

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech Invs (\$ _____)☐ : Weekend (\$ _____)