

15/5/2010

INS. CASE OWNER:

CC3/A16 2000 0607 / Kds3

LKK:

IDAC:

Surveyor:

Kenneth

DOI:

ASSIGNMENT

8/1/2020

Date / Time :

8/1/2020

Registered in Merimen:

9/1/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SKQ 7779X

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$\$ D.O.A : 6/1/2020

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

SHC5297S

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
SHC5297S : CC3/CT1 180/5314/Kdb362; DOA: 17/8/18	Non-Reporting ltr (1st):	
SKQ 7779X : X	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:	☐ ☐

PRELIMINARY ADVICE	Date/Time:	Sent By:	Post-Repair Photos:	☐	☐
			Others:	☐	☐

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost:	\$S 6,050.00 (7 days) Reduction: 84 %		Email ☐ Call ☐

FINAL SETTLEMENT	Date/Time: 21/07/2020	Confirm with: Ng Wai Yin	Email ☒ Call ☐
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Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
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Repair Cost: (w/GST)	\$S 6,473.50	
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Loss of Rental (LOR):	\$S 730.17 (9 days) X \$81.13	
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Loss of Use (LOU):	\$S - (\$ x days)	
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Loss of Income (LOI):	\$S - (\$ x days)	
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LOR only ☒ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]		
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GIA/LTA Search	\$S 7.49	
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Medical:	\$S -	1) Claim status: Normal
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Disbursement:	\$S - (e.g. Tow/ Independent)	2) Report Format: TP
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Legal Cost	\$S -	3) Survey fee: \$320
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Total:	\$S 7,211.16	Global Sum \$S:
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FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
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Payee 1:	\$S 7,211.16	Name 1: Trans-Cab Auto Services Pte Ltd
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Payee 2: (Strike if N.A.)	\$S	Name 2:
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Payee 3: (Strike if N.A.)	\$S	Name 3:
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