

15/5/2010

INS. CASE OWNER:

CC3 / AIG 2000 1639 / 1X3

IDAC:

Surveyor:

Kenneth

DOI:

29/1/2020

Date / Time:

29/1/2020

Registered in Merimen:

31/1/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SMA 2240B

Claim No. : 7716701459SG

Name of Insured :

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II : \$\$ D.O.A : 25/1/2020

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

SHD 9231 A

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
	SHD9231A; CC3/AXA13017232 / Kpy3w2; DOA: 11/9/13	Non-Reporting ltr (1st):	
	SMA 2240B : 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)	<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"/>
		LTA / GIA :	<input checked="" type="checkbox"/>
		Medical Bill:	<input type="checkbox"/>
		PIR:	<input checked="" 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"/>
30/10/2020	SETTLED AND CLOSED / FILE IN DRAWER		

PRELIMINARY ADVICE		Date/Time:	Sent By:
FINALIZATION		Date/Time:	Confirm with:
Repair Cost:	L/S	\$S 2,673.90 (2 days)	Reduction: 89.35 %
FINAL SETTLEMENT		Date/Time: 27/10/2020	Confirm with: WAI YIN
Final Liability:	% 100	(Agreed / Assessed)	BOLA S/N No. : 33
Repair Cost: (W/GST)	\$S 2,861.07		
Loss of Rental (LOR):	\$S 340.20 (3 days)	x \$113.40	
Loss of Use (LOU):	\$S (\$ x days)		
Loss of Income (LOI):	\$S 150.00 (\$ 50 x 3 days)		
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/> LOR + LOI <input checked="" type="checkbox"/>	[Tick only one]	
GIA/LTA Search	\$S 7.49		
Medical:	\$S		
Disbursement:	\$S	(e.g. Tow/ Independent)	
Legal Cost	\$S		
Total:	\$S 3,358.76	Global Sum \$S: 3,350.00	
FINAL PAYMENT		Date/Time:	Confirm with:
Payee 1:	\$S 3,350.00	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:	