

Surveyor: **KENNETH** DOI: **31/01/2020** Date / Time: **31/01/2020**
Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : **GX 3639D** Claim No. : **19/20/20/ML05/022982**
Name of Insured : _____ Policy No. : _____
Insured Tel No. : _____ HIP: _____ Make / Model : _____
Excess Sec II : \$\$ D.O.A : **30/01/2020 10:00** Place of Accident : **ANSON ROAD X MAXWELL RD**
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 9952C



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



INSRS:
WSP:
Tel:
Liability :
RMKS:



INSRS:
WSP:
Tel:
Liability :
RMKS:



INSRS:
WSP:
Tel:
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
	SHD 9952C - CC3/CTI15022050/Kya3q2; DOA: 22.12.15	
	- CC3/FCI14018609/Kgbu2; DOA: 05.06.14	
	GX 3639D - X	
02/03/2020	FILE REVIEWED. OLD INVOLVED IN A	
	A VEH. C.O. 4 WAS THE 2ND CAR 4	
	WAS PUSHED FROM BEHIND.	
02/03/2020	FINALIZED	
	TYPE REPORT WHILE PENDING TP LOD	
	REPORT DONE	
26/08/2020	settled & closed (file in drawer).	

PRELIMINARY ADVICE Date/Time: **07/02/2020** Sent By: **cab**

FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____

Repair Cost: **LG** \$**1,700.00** (**2** days) Reduction: **93** % Email Call

FINAL SETTLEMENT Date/Time: **24/08/2020** Confirm with **WAI YIN** Email Call

Final Liability: % **100** (Agreed / Assessed) BOLA S/N No. : **28** If NO or B 28, Ass. Lia : **0%**

Repair Cost: **(wght)** \$**1,819.00** **C A VEH. C.O.; OLD 2ND)**

Loss of Rental (LOR): \$**285.12** (**3** days) x \$**95.04**

Loss of Use (LOU): \$**-** (\$ x **3** days)

Loss of Income (LOI): \$**150.00** (\$**50** x **3** days)

LOR only LOU only LOR + LOU LOR + LOI [Tick only one]

GIA (TA) Search \$**7.49**

Medical: \$**-** 1) Claim status: **Normal** / Reject/Private Settle

Disbursement: \$**-** (e.g. Tow/ Independent) 2) Report Format: **TP**

Legal Cost \$**-** 3) Survey fee: \$**400.00**

Total: \$**2,261.61** Global Sum \$**2,200.00**

FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email Call

Payee 1: \$**2,200.00** Name 1: **TRANS-CAB AUTO SERVICES PTE LTD**

Payee 2: (Strike if N.A.) \$**-** Name 2: **-**

Payee 3: (Strike if N.A.) \$**-** Name 3: **-**