

INS. CASE OWNER:

CC3 / III 2000 1792 / ~~KX~~3

IDAC:

Surveyor:

Kenneth

DOI:

ASSIGNMENT

31/1/2020

Date / Time:

31/1/2020

Registered in Merimen:

3/2/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SFW 929D

Claim No. : 8237748409SG

Name of Insured :

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II :SS 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

SFW 929D

SHD 9211H

SHD 3893D

INSRS:
WSP:
Tel :
Liability :
RMKS: (01)INSRS:
WSP: Trans-cab
Tel :
Liability :
RMKS: (TP)INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date / Time

SHD 9211H : X , SFW 929D : X

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:

23/09/2020 SETTLED AND CLOSED / FILE IN DRAWER

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost: P/P S\$ 3,112.28 (3 days) Reduction: 92.65 %

Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 21/09/2020 Confirm with WAI YIN

Email ☒ Call ☐

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 28

If NO or B 28, Ass. Lia : 100

Repair Cost: S\$ 3,330.14

Loss of Rental (LOR): S\$ 453.60 (4 days) x \$113.40

3 veh.c.c.; OID last car

Loss of Use (LOU): S\$ (\$ x days)

Loss of Income (LOI): S\$ 160.00 (\$ 40 x 4 days)

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

GIA/LTA Search

S\$

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

Disbursement: S\$ (e.g. Tow/ Independent)

2) Report Format: TP

Legal Cost S\$

3) Survey fee: \$320.00

Total: S\$ 3,943.74 Global Sum S\$: 3,800.00

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: