

INS. CASE OWNER:

MingYao.Lee

CC3/AIG20002369/Kka3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

KENNETH

DOI: 10/02/2020

Date / Time: 10/02/2020

Registered in Merimen: 11/02/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SLG 1600H

Claim No. : 4549324977SG

Name of Insured : Zhang YanJun @ Zhang YanJun

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II :S\$

D.O.A : 06/02/2020

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

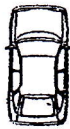
Driver Tel No. :

(V/L: ☒ YES / NO)

Insured Liability : %

Final ? Yes / No

SHD 5966P

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
	SLG 1600H - X	Non-Reporting ltr (1st):	
	SHD 5966P - CC3/FCI15000216/T1qbu2; DOA : 28.12.14	Non-Reporting ltr (2nd):	
28/2/2020	01 MR	Non-Reporting ltr (Final):	
26/3/2020	✓ 01 GIA Rec'd	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:	☐ ☐
PRELIMINARY ADVICE Date/Time: Sent By:			
FINALIZATION Date/Time: Confirm with: Confirm by:			
Repair Cost:	P/P S\$ 842.23 (1 days) Reduction: 22,731.06 % 96.	Email ☐ Call ☐	
FINAL SETTLEMENT Date/Time: 06/04/2021 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:	S\$ 901.19 (W/GST)		
Loss of Rental (LOR):	S\$ 192.60 (2 days) x \$96.30		
Loss of Use (LOU):	S\$ (\$ x days)		
Loss of Income (LOI):	S\$ 100.00 (\$ 50 x 2 days)		
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☒	[Tick only one]		
GIA/LTA Search	S\$ 7.45		
Medical:	S\$		
Disbursement:	S\$ (e.g. Tow/ Independent)		
Legal Cost	S\$		
Total:	S\$ 1201.24. Global Sum S\$:		
FINAL PAYMENT Date/Time: Confirm with: Email ☒ Call ☐			
Payee 1:	S\$ 1201.24. 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:		