15/5/2010

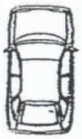
INS. CASE OWNER: CC 3 / AIG 2000 3130 / Kes3 | IDAC:

ASSIGNMENT

Surveyor: kenneth DOI: 24/2/2020 Date / Time : 24/2/2020

Registered in Merimen: 25/2/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SKM 1625 Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

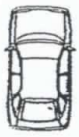
Excess Sec II :S$ D.O.A : 19/2/2020 Place of Accident :

Is driver the owner? (YES / NO) Nature of Accident :

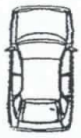
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

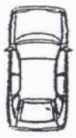
SHD5813Y → → →



INSRS:
WSP: Trans-Cab
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHD5813Y : X ; ~~SKM5813Y : X~~
	SKM1625 : NBA/INC1900431G/K4 ; DOA : 8/3/19

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:	☐	☐

PRELIMINARY ADVICE	Date/Time:	Sent By:	
FINALIZATION	Date/Time:	Confirm with:	Confirm by: KSC
Repair Cost: P/P	S$ 752.23	(1.5 days) Reduction: 97 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 21.08.20	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: w/GST	S$ 804.89	OI REAR ENDED TP	
Loss of Rental (LOR):	S$ 224.70	(2 days) X $112.35	
Loss of Use (LOU):	S$ -	($ 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$ 7.49		
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: $320
Total:	**S$ 1,137.08**	**Global Sum S$:**	
FINAL PAYMENT	Date/Time: 21.08.20	Confirm with: WAI YIN	Email ☐ Call ☐

Payee 1:	S$ 1,137.08	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:	