1-25-2010

INS. CASE OWNER: CC3 / AIG2000 3762 / KKS3 | LKK: | IDAC:

ASSIGNMENT

Surveyor: Kenneth | DOI: 6/3/2020 | Date / Time: 6/3/2020

Registered in Merimen: 9/3/2020

Pre-assign / CCU / FTE

Insured Vehicle No. : SKB 7802R | Claim No. :

Name of Insured : Jeffrey Ng Chuen Chiat | Policy No. :

Insured Tel No. : | HP: | Make / Model :

Excess Sec II :S$ | D.O.A : 4/3/2020 | 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 5145S → → →

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

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHD5145S : CC3/AIG/17008766/KEB392 ; DOA: 21/4/17
	SKB7802R : X
20/3/2020 –	OINR
26/3/2020 –	✓ OI GIA Rec'd
15/11/2021	— Pls refer to NEWS.

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:

Repair Cost: P/P S$ 5057.65 (2 days) Reduction: 85 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 15/11/2021 Confirm with Jasmine Email ☑ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 31	If NO or B 28, Ass. Lia :
Repair Cost: W/GST	S$ 5411.69	
Loss of Rental (LOR):	S$ 449.40 (4 days) X$ 112.35	
Loss of Use (LOU):	S$ – ($ – x – days)	
Loss of Income (LOI):	S$ 200.00 ($ 50 x 4 days)	
LOR only ☐ LOU only ☐	LOR + LOU ☐ LOR + LOI ☑ **[Tick only one]**	
GIA/LTA Search	S$ 7.45	
Medical:	S$ –	1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ – (e.g. Tow/ Independent)	2) Report Format: O/P
Legal Cost	S$ –	3) Survey fee: $ 320.00
Total:	**S$** 6068.54 **Global Sum S$:** 6050.00	

FINAL PAYMENT Date/Time: Confirm with: Email ☑ Call ☐

Payee 1:	S$ 6050.00	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: