

INS. CASE OWNER:

CC3 / AIG2000 3762 / Kks3

LKK:

IDAC:

Surveyor:

Kenneth

DOI:

6/3/2020

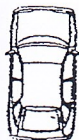
Date / Time:

6/3/2020

Registered in Merimen:

9/3/2020

Pre-assign / CCU / FTE



Insured Vehicle No.:

SKB 7802R

Name of Insured:

Jeffrey Ng Chuen Chiat

Insured Tel No.:

HP:

Claim No.:

Policy No.:

Make / Model:

Place of Accident:

Excess Sec II :\$S

D.O.A: 4/3/2020

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

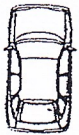
OI GIA REPORT YES / NO ; TP GIA REPORT: YES / NO

Insured Liability:

%

Final ? Yes / No

SHD 51455



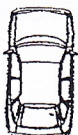
INSRS:

WSP: Trans-cab

Tel:

Liability:

RMKS:



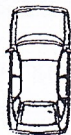
INSRS:

WSP:

Tel:

Liability:

RMKS:



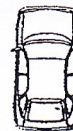
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time

SHD 51455 : CC3 / AIG / 2008766 / K6392, DOA: 5/14/12
SKB 7802R: 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:

PRELIMINARY ADVICE Date/Time:

Sent By:

Confirm by:

FINALIZATION

Date/Time:

Confirm with:

Repair Cost:

SS

5057.65

(2

days)

Reduction:

85

%

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with:

Email

Call

Final Liability:

%

100

(Agreed / Assessed)

BOLA S/N No.:

31

If NO or B 28, Ass. Lia:

Repair Cost:

SS

5411.69

Loss of Rental (LOR):

SS

449.40

(4

days)

X \$

112.35

Loss of Use (LOU):

SS

-

(\$

x

-

days)

Loss of Income (LOI):

SS

200.00

(\$

50

x

4

days)

LOR only

LOU only

LOR + LOU

LOR + LOI

[Tick only one]

GIA/LTA Search

SS

7.45

Medical:

SS

Disbursement:

SS

Legal Cost

SS

(e.g. Tow/ Independent)

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

\$ 320.00

Total:

SS

6068.54

Global Sum SS:

6050.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

SS

6050.00

Name 1:

Trans-cab Auto Services Pte Ltd

Payee 2: (Strike if N.A.)

SS

Name 2:

Payee 3: (Strike if N.A.)

SS

Name 3: