

INS. CASE OWNER:

CC TAXI 150

ASSIGNMENT

Re-opened Case

Surveyor:

Kenneth Kong

DOI:

23/11/15

Date / Time:

23/11/15

Registered in Merimen:

24/11/15

Pre-assign / CCU / FTE



Insured Vehicle No.:

SKD1048E

Name of Insured:

Chiam Tat Nam

Insured Tel No.:

63450766

HP: 91055032

Excess Sec II :SS

D.O.A: 30/10/15

Is driver the owner?

(YES / NO)

Nature of Accident:

Claim No.:

C0361230

Policy No.:

GA10426311

Make / Model:

BMW 523i-3.0 F10(A)

Place of Accident:

Still Run

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

SHF7247



INSRS:

WSP:

Tel:

Liability:

RMKS:

Trans-cab



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time	STAGE	DATE / PIC
25/11	Non-Reporting ltr (1st):	
	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
15/12/15 @ 10:30	Call OI:	19/11/16
16/12/15 @ 3:20	After call ltr to OI:	
18/11/16 @ 7:00	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\$ 3,689.38

(4 days)

Reduction:

83 %

Email

Call

FINAL SETTLEMENT

Date/Time: 02/10/2020

Confirm with Jasmine

Email

Call

Final Liability:

%

100

(Agreed / Assessed)

BOLA S/N No.:

NIL

If NO or B 28, Ass. Lia:

Repair Cost: 3,947.64

S\$ 1,973.82

Loss of Rental (LO): 535.00

S\$ 267.50

(4 days)

x \$133.75

Loss of Use (LOU):

S\$

(\$ x days)

Loss of Income (LOI):

S\$

(\$ x days)

LOR only

LOU only

LOR + LOU

LOR + LOI

[Tick only one]

GIA/LTA Search

S\$

5.35

Medical:

S\$

Disbursement:

S\$

Legal Cost

S\$

Total

S\$ 2,246.67

Global Sum S\$: 2,200.00

Email

Call

FINAL PAYMENT

Date/Time:

Confirm with:

Payee 1:

S\$ 2,200.00

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:

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee: TP

\$ 250/-

\$350.00 - \$250.00 = \$100.00