

15/5/2010

INS. CASE OWNER:

CC3 / FC120003862

1 Kba3

LKK:

IDAC:

ASSIGNMENT

Kba3q2

Surveyor:

Kenneth

DOI:

10/13/2020

Date / Time:

10/13/2020

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC3590H

Claim No. : D20/1405/CTPL/MC

Name of Insured :

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II :SS D.O.A : 9/13/2020

Place of Accident : Jalan Sultan towards Beach Rd.

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 9281E

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

Date/ Time

SHD9281E - CC3/ALG13020735/Ky1a3w2 ; 28/10/13  
 - CC3/ICS17022717/Kba3q2 ; 26/11/17  
 - CC3/TM118008889/Kba2 ; 11/05/18  
 - CS/AXA17022600/Uvbez ; 26/11/17

SHC3590H - 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:

01/09/2020 SETTLED AND CLOSED/ FILE IN DRAWER

<b>PRELIMINARY ADVICE</b>		Date/Time:	Sent By:	
<b>FINALIZATION</b>		Date/Time:	Confirm with:	Confirm by:
Repair Cost:	P/P	S\$ 5,503.48	( 2.5 days) Reduction:	81.19 %
<b>FINAL SETTLEMENT</b>		Date/Time: 27/08/2020	Confirm with: WAI YIN	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Final Liability:	%	100	(Agreed / Assessed) BOLA S/N No. :	15
Repair Cost: (W/GST)	S\$	5,888.72		
Loss of Rental (LOR):	S\$	288.90	( 3 days) x \$96.30	
Loss of Use (LOU):	S\$	( \$ x days)		
Loss of Income (LOI):	S\$	( \$ x days)		
LOR only <input checked="" type="checkbox"/>	LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/>	LOR + LOI <input type="checkbox"/>	[Tick only one]
GIA/LTA Search	S\$			
Medical:	S\$			
Disbursement:	S\$	(e.g. Tow/ Independent)		
Legal Cost	S\$			
<b>Total:</b>	S\$	6,177.62	<b>Global Sum S\$:</b>	6,100.00
<b>FINAL PAYMENT</b>		Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>
Payee 1:	S\$	6,100.00	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:

TP

3) Survey fee:

\$600.00

OID CHANGED LANE