

15/5/2010

Kbs3

LKK:

IDAC:

INS. CASE OWNER:

CC 3 / AIG 2000 4141 / ~~Kbs3~~

ASSIGNMENT

Surveyor:

Kenneth

DOI:

10/3/2020

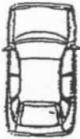
Date / Time:

10/3/2020

Registered in Merimen:

12/3/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SJN 7078 M

Claim No. : \_\_\_\_\_

Name of Insured : \_\_\_\_\_

Policy No. : \_\_\_\_\_

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

Make / Model : \_\_\_\_\_

Excess Sec II :SS \_\_\_\_\_ D.O.A : 5/3/2020

Place of Accident : \_\_\_\_\_

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

If NO, Driver Name / Age :

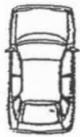
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

(V/L: YES / NO)

Insured Liability : % Final ? Yes / No

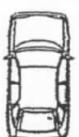
SHB9911G



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



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time

SHB9911G : CC3 / AIG 1900 1146 / Kbs3 52 : DDA : 9/1/19  
SJN 7078 M : NA / INC 1200 4297 / W / DDA : 28/2/12

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:	
<b>Documentation Check List:</b>	<b>Handler</b> <b>Typist</b>
Notification ltr (if non-pickup)	<input type="checkbox"/> <input type="checkbox"/>
After call ltr to OI:	<input checked="" type="checkbox"/> <input type="checkbox"/>
Authorisation To Act:	<input checked="" type="checkbox"/> <input type="checkbox"/>
Release Voucher:	<input checked="" type="checkbox"/> <input type="checkbox"/>
Final Repair Bill:	<input checked="" type="checkbox"/> <input type="checkbox"/>
Car Rental Invoice:	<input checked="" type="checkbox"/> <input type="checkbox"/>
Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
LTA / GIA :	<input checked="" type="checkbox"/> <input type="checkbox"/>
Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
PIR:	<input type="checkbox"/> <input type="checkbox"/>
Mandate/Reject Instruction:	<input checked="" type="checkbox"/> <input type="checkbox"/>
LOD	<input checked="" type="checkbox"/> <input type="checkbox"/>
Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
Others:	<input type="checkbox"/> <input type="checkbox"/>

29/06/2021 SETTLED AND CLOSED / FILE IN DRAWER

**PRELIMINARY ADVICE** Date/Time: \_\_\_\_\_ Sent By: \_\_\_\_\_

**FINALIZATION** Date/Time: \_\_\_\_\_ Confirm with: \_\_\_\_\_ Confirm by: \_\_\_\_\_

Repair Cost: P/P S\$ 4,814.43 ( 6 days) Reduction: 82.07 % Email  Call

**FINAL SETTLEMENT** Date/Time: 25/06/2021 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\$ 5,151.44

Loss of Rental (LOR): S\$ 1,434.87 ( 9 days) X \$159.43

Loss of Use (LOU): S\$ (\$ x days)

Loss of Income (LOI): S\$ 450.00 (\$ 50 x 9 days)

LOR only  LOU only  LOR + LOU  LOR + LOI  [Tick only one]

GIA/LTA Search S\$ 7.45

Medical: S\$

Disbursement: S\$ (e.g. Tow/ Independent)

Legal Cost S\$ 7,043.76

**Total:** S\$ 7,043.76 **Global Sum S\$:** 7,000.00

**FINAL PAYMENT** Date/Time: \_\_\_\_\_ Confirm with: \_\_\_\_\_ Email  Call

Payee 1: S\$ 7,000.00 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:

TP \$320.00