15/5/2010

INS. CASE OWNER: CC3/FCI20005467/Kba3q2

LKK:

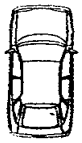
IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 28/04/2020 Date / Time : 28/04/2020

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 7844A Claim No. : D20002019MFSH

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

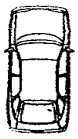
Excess Sec II :S$ D.O.A : 26/04/2020 Place of Accident :

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

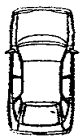
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

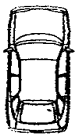
SHC 5411D → → →



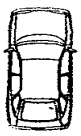
INSRS:
WSP:
Tel : TRANS CAB
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SHC 5411D - CC3/AIG17015188/Kja3q2 27/07/2017	
	NA/AIG17016011/h4 27/07/2017	
	NA/INC20000944/r3 14/01/2020	
	SHC 7844A - CS/FCI20004809/R1yd3 21/03/2020	
30/09/2020	SETTLED AND CLOSED / NO PHY FILE	

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: L/S	S$ 1,700.00 (2 days)	Reduction: 93.20 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 29/09/2020	Confirm with WAI YIN	Email ✓ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost: (W/GST)	S$ 1,819.00		
Loss of Rental (LOR):	S$ 151.64 (2 days)	x $75.82	OI reversed and hit TP.
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI):	S$ 100.00 ($ 50 x 2 days)		
LOR only ☐ LOU only ☐	LOR + LOU ☐	LOR + LOI ✓ [**Tick only one**]	
GIA/LTA Search	S$ 7.49		
Medical:	S$		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$	(e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S$		3) Survey fee: $600.00
Total:	**S$** 2,078.13	**Global Sum S$:** 2,000.00	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 2,000.00	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:	