

15/5/2010

INS. CASE OWNER:

CC3 / AXA1600

31371 KJ93

LKK:
IDAC:

Surveyor:

Kenneth

DOI:

ASSIGNMENT

18/11/16

Date / Time:

18/11/16

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SKL 3728X

Name of Insured :

Insured Tel No. : HP:

Excess Sec II : SS

D.O.A : 17/11/16

Is driver the owner? (YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

Claim No. :

Policy No. :

Make / Model :

Place of Accident :

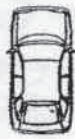
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % Final ? Yes / No

SHP 655J

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
	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: KSC

Repair Cost: P/P S\$ 7,718.38 (5 days) Reduction: 81 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 12.03.21 Confirm with: WAI YIN Email ☐ Call ☐

Final Liability: 100 % 50 (Agreed / Assessed) BOLA S/N No.: NIL If NO or B 28, Ass. Lia :

Repair Cost: S\$ 8,258.67 S\$ 4,129.34

Loss of Rental (LOI): S\$ 194.12 S\$ 597.06 (9 days) X \$132.68

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

Loss of Income (LOI): S\$ 450.00 S\$ 225.00 (\$ 50 x 9 days)

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

GIA/LTA Search \$6.00 S\$ 6.00

Medical: - S\$ -

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

Legal Cost - S\$ -

Total: \$9,908.79 S\$ 4,957.40 Global Sum S\$: 5,000.00

FINAL PAYMENT Date/Time: 12.03.21 Confirm with: WAI YIN Email ☐ Call ☐

Payee 1: S\$ 5,000.00 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:

1) Claim status: Normal/ ~~Project/Dispute/Contest~~

2) Report Format: TP

3) Survey fee: \$350 - \$250 = \$100

CONFLICTING VERSION