15/5/2010

INS. CASE OWNER: CC3/AIG17002070/Kea3q2-1

LKK:

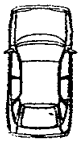
IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : _____

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SJB 5654B

Name of Insured : _____

Insured Tel No. : _____ HP: _____

Excess Sec II :S$ _____ D.O.A : 30/01/2017

Is driver the owner? (YES / NO)

If **NO**, Driver Name / Age :

Driver Tel No. : (V/L: YES / NO)

Claim No. : _____

Policy No. : _____

Make / Model : _____

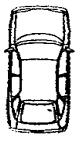
Place of Accident : _____

Nature of Accident : _____

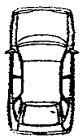
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No**

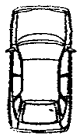
SHB 9702T → _____ → _____ → _____



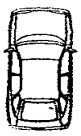
INSRS:
WSP: TRANS-CAB
Tel :
Liability :
RMKS:



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:	☐
PRELIMINARY ADVICE	Date/Time: Sent By:	Post-Repair Photos:	☐ ☐
		Others:	☐ ☐

FINALIZATION	Date/Time:	Confirm with:	Confirm by: KSC
Repair Cost: L/S	S$ 2,800.00 (2 days)	Reduction: 87 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 15.12.20	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 w/GST :$2,996.00	S$ 1,498.00	CONFLICTING VERSION	
Loss of Rental (LOR) $731.88	S$ 365.94 (6 days)	X $121.98	
Loss of Use (LOU): -	S$ - ($ x days)		
Loss of Income (LOI) $300.00	S$ 150.00 ($ 50 x 6 days)		
LOR only ☐ LOU only ☐	LOR + LOU ☐ LOR + LOI ☐	[**Tick only one**]	
GIA/LTA Search $6.00	S$ 6.00		
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: $320 - $250 = $70
Total: $4,033.88	**S$** 2,019.94	**Global Sum S$:** 2,100.00	

FINAL PAYMENT	Date/Time: 15.12.20	Confirm with: WAI YIN	Email ☐ Call ☐
Payee 1:	S$ 2,100.00	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:	