

INS. CASE OWNER:

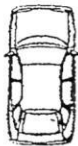
CC 3 /AIG 2000 6867 / Krs3

LKK:

IDAC:

Surveyor: **Kenneth** DOI: **30/06/2020** Date / Time : **30/06/2020**
 Registered in Merimen: **01/07/2020**

Pre-assign / CCU / FTE



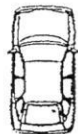
Insured Vehicle No. : **SML 8696Y** Claim No. : _____
 Name of Insured : **CHIN MEI LIN** Policy No. : _____
 Insured Tel No. : _____ HP: _____ Make / Model : _____
 Excess Sec II : \$\$ D.O.A : **27/06/2020** Place of Accident : _____
 Is driver the owner? (YES / ☒ NO) Nature of Accident : _____

If NO, Driver Name / Age :

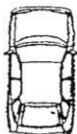
Driver Tel No. :

(V/L: ☒ YES / NO)OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NO

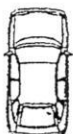
Insured Liability : % Final ? Yes / No

SHD 497J

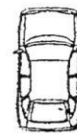
INSRS:
WSP: **TRANS-CAB**
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SHD 497J : CC3/TMI12022707/Kvn ; DOA : 19/11/2012 SML 8696Y : 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:	☐ ☐
PRELIMINARY ADVICE	Date/Time: Sent By:	Confirm with:	Confirm by:
Repair Cost: P/P	\$S 7,402.38 (5 days) Reduction: 81 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 24/1/2022 Confirm with JASMINE		Email ☒ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27		If NO or B 28, Ass. Lia :
Repair Cost:	\$S 7,920.55		
Loss of Rental (LOR):	\$S 607.62 (6 days) x \$101.27		
Loss of Use (LOU):	\$S (\$ x days)		
Loss of Income (LOI):	\$S (\$ x days)		
LOR only ☒ LOU only ☐	LOR + LOU ☐ LOR + LOI ☐ [Tick only one]		
GIA/LTA Search	\$S 7.45		
Medical:	\$S		1) Claim status: Normal Reject Private Settlement
Disbursement:	\$S (e.g. Tow/ Independent)		2) Report Format: TP
Legal Cost	\$S		3) Survey fee: 320.00
Total:	\$S 8,535.62 Global Sum \$S: 8,500.00		
FINAL PAYMENT	Date/Time: Confirm with:		Email ☐ Call ☐
Payee 1:	\$S 8,500.00 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:		