15/5/2010

INS. CASE OWNER: ~~CC3/AIG20009264/Kka3~~ CC3/TP20009264/Kka3q2

LKK:

IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 31/08/2020 Date / Time : 31/08/2020

Registered in Merimen: 01/09/2020

Pre-assign / CCU / FTE

Insured Vehicle No. : ~~SJB 9206K~~ Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 28/08/2020 07:10 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 5349B → → →

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

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SHC 5349B - CC3/AIG11003816/Kh2b3q2 ; 25/02/2011 CC3/AIG15010972/Kpa3q2 ; 27/06/2015 CC3/FCI12022984/Kvn ; 10/11/2012 CS/FCI11017635/M1qtn ; 25/02/2011 SJB 9206K - X	
15/10/2020 Khandhira	Submit Independent survy report to Trans-cab	

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$ 4,250.00 (5 days) Reduction: 12,936.06/75 % Email ☐ Call ☐

FINAL SETTLEMENT	Date/Time:	Confirm with	Email ☐ Call ☐
Final Liability:	%	(Agreed / Assessed) BO[illegible]/N No. :	If NO or B 28, Ass. Lia :
Repair Cost:	S$		
Loss of Rental (LOR):	S$	da[illegible]	
Loss of Use (LOU):	S$	($ [illegible])	
Loss of Income (LOI):	S$	($ [illegible]ays)	
LOR only ☐ LOU only ☐	LOR + LOU ☐	LOI ☐ **[Tick only one]**	T/CAB PURCHASE SURVEY REPORT
GIA/LTA Search	S$		
Medical:	S$		1) Claim status: ~~Normal/Reject/Private Settle~~
Disbursement:	S$	Tow/ Independent)	2) Report Format:
Legal Cost	S$		3) Survey fee: $420
Total:	**S$**	**Global Sum S$:**	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$	Name 1:	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	