CC3/CTI20010096/Kka3

LKK:

IDAC:

INS. CASE OWNER:

ASSIGNMENT

Surveyor: **KENNETH** DOI: 18/09/2020 Date / Time : 18/09/2020

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : **GBB 315H**	Claim No. :	
Name of Insured :	Policy No. :	
Insured Tel No. : _____ HP:	Make / Model :	
Excess Sec II :S$ _____ D.O.A : 16/09/2020 13:55	Place of Accident : **EUNOS LINK**	
Is driver the owner? (YES / NO) Nature of Accident :		

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

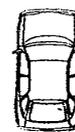Driver Tel No. : _____ (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SHC 5389K ⟶ _____ ⟶ _____ _____ ⟶ _____

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

Date/ Time			
	SHC 5389K - CC3/AIG13008887/Kpb3c3 ; 12/05/2013	**STAGE**	**DATE / PIC**
	CC3/AXA18007284/K1pa3q2 ; 14/04/2018	Non-Reporting ltr (1st):	
	CC3/CTI19015200/Kda3s2 ; 25/08/2019	Non-Reporting ltr (2nd):	
	CC3/LCR18017580/Kwb3q2 ; 24/09/2018	Non-Reporting ltr (Final):	
	NBA/CTI19015010/Y ; 25/08/2019	Notification ltr (if non-pickup):	
	GBB 315H - X	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$ 1200.00 (1 days) Reduction: 2465.06 % 67 Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 02/02/2021 Confirm with WAI YIN Email ✓ Call ☐

Final Liability: % 50 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :	
Repair Cost: 1284.00 S$ 642.00 W/GST		
Loss of Rental (LOR):190.08 S$ 95.04 (2 days) x $95.04	*CONFLICTING VERSION*	
Loss of Use (LOU): S$ ($ x days)		
Loss of Income (LOI): 100 S$ 50.00 ($ 50 x 2 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 Settle	
Disbursement: S$ (e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost S$	3) Survey fee: $400.00	
Total: S$ 794.49 **Global Sum S$:**		

FINAL PAYMENT Date/Time: Confirm with: Email ✓ Call ☐

Payee 1:	S$ 794.49	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:	