

INS. CASE OWNER:

Bennie Tan

CC3/AIG20000861/Kka3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

KENNETH

DOI: 13/01/2020

Date / Time : 13/01/2020

Registered in Merimen: 14/01/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SLR 5759A

Claim No. : 4706334906SG

Name of Insured : POPULAR RENT A CAR PTE LTD

Policy No. : 0999994047

Insured Tel No. : HP: _____

Make / Model :

Excess Sec II : \$S

D.O.A : 05/01/2020 18:35

Place of Accident : SOUTH BRIDGE ROAD

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

SHD 5426G

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
	SHD 5426G - CC3/AIG13001690/Kpb3w2; DOA: 23/01/13	Non-Reporting ltr (1st):	
	SLR 5759A - X	Non-Reporting ltr (2nd):	
	OINR. To send out first letter. File pass to Su Li.	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)	<input type="checkbox"/> <input type="checkbox"/>
		After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
		Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
		Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
		Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
		Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
		LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
		PIR:	<input type="checkbox"/> <input type="checkbox"/>
		Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
		LOD	<input type="checkbox"/> <input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
		Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
		Others:	<input type="checkbox"/> <input type="checkbox"/>
14/12/2020	TP PIR STATED THAT ANOTHER VEHICLE (UNKNOWN) WAS CHARGED OF CARELESS DRIVING BUT NOT OI. AIG INSTRUCT TO REJECT TP CLAIM. MR YEW TO CHOP + SIGN		

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

P/P

\$S 60

(0.5 days)

Reduction: 29,971.18 % 100

Email ☐ Call ☐**FINAL SETTLEMENT**

Date/Time:

19/01/2021

Confirm with

WAI YIN

Email ☒ Call ☐

Final Liability:

%

100

(Agreed / Assessed) BOLA S/N No. : 14

If NO or B 28, Ass. Lia :

Repair Cost:

\$S

64.20

W/GST

Loss of Rental (LOR):

\$S

56.18

(0.5 days)

x \$112.35

Loss of Use (LOU):

\$S

(\$

x

days)

Loss of Income (LOI):

\$S

25.00

(\$ 50

x

0.5 days)

LOR only ☐LOU only ☐LOR + LOU ☐LOR + LOI ☒

[Tick only one]

GIA/LTA Search

\$S

7.45

Medical:

\$S

Disbursement:

\$S

(e.g. Tow/ Independent)

Legal Cost

\$S

1) Claim status: ☒ Normal/Reject/Private Settle

2) Report Format: TP

3) Survey fee: \$0

Total:

\$S

152.83

Global Sum \$S: 150.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☒ Call ☐

Payee 1:

\$S

150.00

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:

801 11/11/11

Kenneth

Q 60/2

TOTAL

The U/C / Chassis frame / Body Structure affected due to collision.