

INS. CASE OWNER:

ASSIGNMENT

Surveyor: **KENNETH**

DOI: **20/04/2022**

Date / Time : **20/04/2022**

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : **SJN 9157E**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$_____ D.O.A : **19/04/2022 17:23**

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

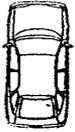
Driver Tel No. : _____ (V/L: YES / NO)

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

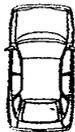
SJN 9157E

SHD 82Y

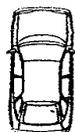
SMC 5663J



INSRS:
WSP:
Tel :
Liability :
RMKS: **OI**



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



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SHD 82Y - CC3/AIG13003155/Kwa3q2; 19/07/2013	Non-Reporting ltr (1st):	
	CC3/AXA11014884/Kq1dq2; 22/07/2011	Non-Reporting ltr (2nd):	
	CS/FCI18002463/Kqd3n2; 08/02/2018	Non-Reporting ltr (Final):	
	CS/INC08013020/Vcd1; 18/12/2007	Notification ltr (if non-pickup):	
	CS/RSI08032882/Dfr1; 16/12/2008	Call OI:	
	NA/AIG13005576/r3; 23/03/2013	After call ltr to OI:	
	NA/INC11004282/w1; 08/03/2011	Documentation Check List:	Handler Typist
	NBA/INC14006089/s4; 31/03/2014	Notification ltr (if non-pickup)	<input type="checkbox"/> <input type="checkbox"/>
	SJN 9157E - X	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"/>
	BOOK VALUE: \$30,787	Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
	PARF VALUE: \$22,506	LOD	<input type="checkbox"/> <input type="checkbox"/>
	NET VALUE: \$8,281	Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
		Others:	<input type="checkbox"/> <input type="checkbox"/>
FINALIZATION	Date/Time: _____ Confirm with: _____	Confirm by: KSC	
Repair Cost:	L/S S\$ 8,200.00 (7 days) Reduction: 83 %	Email <input type="checkbox"/> Call <input type="checkbox"/>	
FINAL SETTLEMENT	Date/Time: 27.09.22 Confirm with WAIYIN	Email <input type="checkbox"/> Call <input type="checkbox"/>	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :	
Repair Cost:	w/GST S\$ 8,774.00		
Loss of Rental (LOR):	S\$ 1,071.07 (11 days) x \$97.37		
Loss of Use (LOU):	S\$ - (\$ - x - days)		
Loss of Income (LOI):	S\$ 550.00 (\$ 50 x 11 days)		
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input checked="" type="checkbox"/>	[Tick only one]		
GIA/LTA Search	S\$ 7.49		
Medical:	S\$ -	1) Claim status: Normal/ Reject/Dispute/Settle	
Disbursement:	S\$ - (e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost	S\$ -	3) Survey fee: \$400	
Total:	S\$ 10,402.56 Global Sum S\$: 10,400.00		
FINAL PAYMENT	Date/Time: 27.09.22 Confirm with: WAIYIN	Email <input type="checkbox"/> Call <input type="checkbox"/>	
Payee 1:	S\$ 10,400.00 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: _____		