15/5/2010

INS. CASE OWNER: CC 3 / CTI170 18651 , Kea3

LKK:

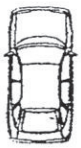
IDAC:

**ASSIGNMENT**

Surveyor: Kenneth DOI: 26/9/17 Date / Time : 26/9/17.

Registered in Merimen:

**Pre-assign / CCU / FTE**



Insured Vehicle No. : SLA 2981 H Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

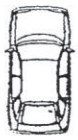
**Excess Sec II :S$** D.O.A : 23/09/2017 Place of Accident :

Is driver the owner? ( YES / NO ) Nature of Accident :

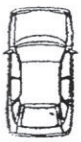
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

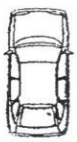
SHB 95325 → → →



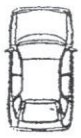
INSRS:
WSP: Trans Cab
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

| Date/ Time | |
|---|---|
| | SHB 95325 - CC3/CA1/[illegible] 16/9/17 |
| | SLA 2981H - 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:

**FINALIZATION** Date/Time: Confirm with: Confirm by: KSC

Repair Cost: L/S S$ 13,800.00 ( 28 days) Reduction: 85 % Email ☐ Call ☐

**FINAL SETTLEMENT** Date/Time: 13.01.21 Confirm with WAI YIN Email ☐ Call ☐

| | | |
|---|---|---|
| Final Liability: | % 100 (Agreed / Assessed) BOLA S/N No. : 28d 3VEH CC OID LAST | If NO or B 28, Ass. Lia : 100% |
| Repair Cost: w/GST | S$ 14,766.00 | |
| Loss of Rental (LOR): | S$ 3,112.09 ( 31 days) X $100.39 | |
| Loss of Use (LOU): | S$ - ($ x days) | |
| Loss of Income (LOI): | S$ - ($ x days) | |
| LOR only ☑ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [Tick only one] | | |
| GIA/LTA Search | S$ 6.00 | |
| Medical: | S$ - | 1) Claim status: Normal/[redacted] |
| Disbursement: | S$ - (e.g. Tow/ Independent ) | 2) Report Format: TP |
| Legal Cost | S$ - | 3) Survey fee: $400 |
| **Total:** | **S$** 17,884.09 **Global Sum S$:** 17,880.00 | |

**FINAL PAYMENT** Date/Time: 13.01.21 Confirm with: WAI YIN Email ☐ Call ☐

| | | | |
|---|---|---|---|
| Payee 1: | S$ 17,880.00 | 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: | |