15/5/2010

INS. CASE OWNER: CC 3/111180 12273, Kwas

LKK:
IDAC:

ASSIGNMENT

Surveyor: KSL DOI: 4/7/18 Date / Time : 4/7/18

Registered in Merimen: 5/7/18

Pre-assign / CCU / FTE

Insured Vehicle No. : SHD 6502 M Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 2/7/2018 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 5782H → ______ → ______ → ______

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

Date/ Time	
	SHC5782H, CC3/PL1150160901/K49bc2 ; DOA: 19/4/15
	SHD 6502M - CC3/111800 6738/Ahn3 ; DOA: 2/4/18
	- CC3/111800 6961/G24bc2 ; DOA: 14/4/18

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$ 22,150.00 (18 days) Reduction: 35,370.14 % 61 Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 07/05/2020 Confirm with JASMINE Email ☑ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 23,700.50 (W/GST)	
Loss of Rental (LOR):	S$ 2333.58 (23 days) x $101.46	
Loss of Use (LOU):	S$ ($ x days)	
Loss of Income (LOI):	S$ 920.00 ($ 40 x 23 days)	
LOR only ☐ LOU only ☐	LOR + LOU ☐ LOR + LOI ☑ **[Tick only one]**	
GIA/LTA Search	S$	
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: $600.00
Total:	**S$** 26,954.08 **Global Sum S$:** 26,950.00	

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

Payee 1:	S$ 26,950.00	Name 1: TRANS CAB AUTO SERVICES PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2: