INS. CASE OWNER: CC 3 /AIG1900 9172, Feb3 | LKK: | IDAC:

Surveyor: Elmerth. | **ASSIGNMENT** DOI: 21/5/19. | Date / Time: 21/5/19

Registered in Merimen: 21/5/19.

Pre-assign / CCU / FTE

Insured Vehicle No. : SKL 1528H. | Claim No. : 8558676801659

Name of Insured : PRESTIGE PREMIUM LEASE PTE | Policy No. :

Insured Tel No. : | HP: | Make / Model :

Excess Sec II :S$ | D.O.A : 21/5/19 | 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 9905A →

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

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHB9905A — ✱ SKL1528H — ✱
	— NO OI GIA, SENT OUT 1ST LETTER.
10/6 13/7	1st RA → $2.54 2nd RA → $2.54
06/08	OI GIA Report in.
22/8/19	OI agent wanted to do private settlement. But TP (Transcab) informed TP has also claiming for injury (TPBI) and engaged a lawyer.

STAGE	DATE / PIC
Non-Reporting ltr (1st):	07/06/2019
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	12/07/2019
Notification ltr (if non-pickup):	
Call OI:	14/11/19
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: 45 S$ 600 (1 days) Reduction: 24,116 - 21198% Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 17/9/2020 Confirm with Wai Yin Email ✓ Cal ☐

Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 22	If NO or B 28. Ass. Lia :
Repair Cost: CW(45%)	S$ 642		CO I TURNED/MOVE AWAY $ HIT STATIONARY TAXI AT TAXI STAND
Loss of Rental (LOR):	S$ 237.60	(2.5 days) x $95.04	
Loss of Use (LOU):	S$ -	(S - x - days)	
Loss of Income (LOI):	S$ 125	(S 50 x 2.5 days)	
LOR only ☐ LOU only ☐		LOR + LOU ☐ LOR + LO ✓ [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: $320
Total:	**S$** 1,012.05	**Global Sum S$:** 1,000.00	

FINAL PAYMENT Date/Time: Confirm with: Email ☐ Cal ☐

Payee 1:	S$ 1,000.00	Name 1:	TRANS-CAB SERVICES PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	