15/5/2010

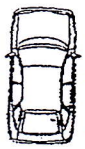
INS. CASE OWNER: FOO CHIT YAN | CC3 / AIG 14007063 / Khaz-1 | LKK: IDAC:

ASSIGNMENT

Surveyor: Kenneth DOI: 11/04/2014 Date / Time : 11/4/14

Registered in Merimen: 18/4/14

Pre-assign / CCU / FTE



Insured Vehicle No. : GZ 6503G

Name of Insured : TIONG BAHRU FRIED FISH BALL

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 11/04/2014

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

If NO, Driver Name / Age : FAN XINGUO

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

Claim No. : 8007284352

Policy No. :

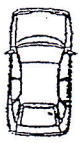
Make / Model :

Place of Accident :

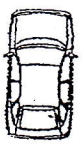
OI GIA REPORT: (YES) / NO ; TP GIA REPORT: (YES) / NO

Insured Liability : % Final ? Yes / No

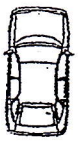
SHD 5892 T → → →



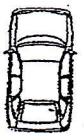
INSRS:
WSP: Trans-Cab
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHD 5892 T - CC3/AIG 14002270/Kuy3q2 DOA 02/02/2014
	- CC3/PE115000681/Kvbu02 DOA 18/09/2014
	- CS/TP11014572/Kck3 DOA 21/02/2014
	GZ 6503G - CC6/PIG15003612/Kpa3S2 DOA 11/02/2015
	- TP LOD IN
	- TOTAL OFFERED 50/50 ON 29/09/14
16/01/2020	- ALL DOCS IN ORDER.
	- TO CLOSE.

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/9 S$ 1,100.00 (3 days) Reduction: 91 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 16/01/2020 Confirm with SKELLINE Email ✓ Call ☐

Final Liability:	% 50	(Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost: @1/10 $1,177.00	S$ 588.50		(CONFLICTING VERSIONS)
Loss of Rental (LOR) $295.32	S$ 147.66	(3 days) X $98.44	RE-OPEN CASE
Loss of Use (LOU): —	S$ —	($ x days)	
Loss of Income (LOI) $150	S$ 75.00	($ 50 x 3 days)	
LOR only ☐ LOU only ☐	LOR + LOU ☐	LOR + LOI ✓ [Tick only one]	
LTA Search $6.00	S$ 6.00		
Medical: —	S$ —		
Disbursement: —	S$ —	(e.g. Tow/ Independent)	1) Claim status: Normal/Reject/Private Settle
Legal Cost —	S$ —		2) Report Format:
Total: $1,628.32	S$ 817.16	Global Sum S$: 820.00	3) Survey fee: $820 (PAID)

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

Payee 1:	S$ 820.00	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:	—