15/5/2010

| | | |
|---|---|---|
| INS. CASE OWNER: | **CC3/CTI19016889/Kda3** | LKK: IDAC: |

**ASSIGNMENT**

Surveyor: **KENNETH**     DOI: 24/09/2019     Date / Time: 24/09/2019

Registered in Merimen: —

**Pre-assign / CCU / FTE**

Insured Vehicle No. : **GBC 3607R**     Claim No. : _____

Name of Insured : _____     Policy No. : _____

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

**Excess Sec II :S$** _____   D.O.A : 21/09/2019 17:00     Place of Accident : **MIDDLE RD > NICOLL HIGHWAY**

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**

**SHD 9990S** ⟶

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

| Date/ Time | | STAGE | DATE / PIC |
|---|---|---|---|
| | SHD 9990S - CC4/AXA18008095/Kfb3q2; DOA: 29/4/18 | Non-Reporting ltr (1st): | |
| | - CC4/AXA18009705/Gja3q2; DOA: 24/5/18 | Non-Reporting ltr (2nd): | |
| | GBC 3607R - CC6/QBE16000091/Uwa3n2; DOA:1/1/16 | 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: _____  Email [ ] Call [ ]

| | | |
|---|---|---|
| Repair Cost: | S$ 6,550.00   ( 5 days) Reduction: 83 % | Email [ ] Call [ ] |

**FINAL SETTLEMENT** Date/Time: 08/07/2020  Confirm with: Ng Wai Yin   Email [✓] Call [ ]

| | | |
|---|---|---|
| Final Liability: | % 100   (Agreed / Assessed) BOLA S/N No. : 27 | If NO or B 28, Ass. Lia : |
| Repair Cost: (w/GST) | S$ 7,008.50 | |
| Loss of Rental (LOR): | S$ 486.78   ( 6 days) X $81.13 | |
| Loss of Use (LOU): | S$ -   ($ x days) | |
| Loss of Income (LOI): | S$ 300.00   ($ 50 x 6 days) | |
| LOR only [ ] LOU only [ ] LOR + LOU [ ] LOR + LOI [✓] [Tick only one] | | |
| GIA/LTA Search | S$ 7.49 | |
| 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: $400 |
| **Total:** | S$ 7,802.77   **Global Sum S$:** | |

**FINAL PAYMENT** Date/Time: _____  Confirm with: _____  Email [ ] Call [ ]

| | | |
|---|---|---|
| Payee 1: | S$ 7,802.77   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: | |