15/5/2010

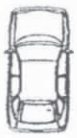
INS. CASE OWNER: LOH Cynthia 6568804843 | CC4/ASM19018930/Aga3 | LKK: IDAC: 144032

ASSIGNMENT

Surveyor: ADRIAN DOI: 25/10/2019 Date / Time : 24/10/2019

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SHD 5348Z Claim No. : S9M024QZ

Name of Insured : TRANS-CAB SERVICES PTE LTD Policy No. : VFX/P1680520

Insured Tel No. : HP: Make / Model : TOYOTA PRIUS-1.8 HYBRID CVT (A)

Excess Sec II :S$ D.O.A : 24/10/2019 07:55 Place of Accident : AIRPORT BOULEVARD TOWARDS T2

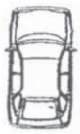
Is driver the owner? (YES / NO) Nature of Accident :

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

Driver Tel No. : +65-93386665 (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SJH 8220T → → →

INSRS:
WSP: J MART AUTO
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SJH 8220T NA/INC19018854/z4; DOA: 24.10.19 SHD 5348Z NBA/INC19018873/Y; DOA: 24.10.19 - CC3/AIG11004851/Ka2a3q2; DOA: 12.3.11
	* MOA submitted. Adrian told estimate.

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$ 7300.00 (7 days)	Reduction: 7664.08 % 51	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time 09/05/2020	Confirm with ANGIE	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 15	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 7811.00	(W/GST)	
Loss of Rental (LOR):	S$ (days)		
Loss of Use (LOU):	S$ 480.00 ($ 60 x 8 days)		
Loss of Income (LOI):	S$ ($ x 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: $350.00
Total:	S$ 8291.00	**Global Sum S$:** 8250.00	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐
Payee 1:	S$ 8250.00	Name 1: J-MART MOTOR PTE LTD	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	