15/5/2010

INS. CASE OWNER:

CC3/AIG19020234/Kda3

LKK:

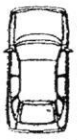
IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 07/11/2019 Date / Time : 07/11/2019

Registered in Merimen: 14/11/2019

Pre-assign / CCU / FTE



Insured Vehicle No. : SKK 6749X

Name of Insured : Chan Wei Yn Jeniffer

Insured Tel No. : HP:

Excess Sec II :S$

D.O.A : 05/11/19 19:00

Is driver the owner? (YES / NO)

If **NO**, Driver Name / Age : Sean Hao

Driver Tel No. :

Claim No. :

Policy No. :

Make / Model : Subaru Forester.

Place of Accident : PIE > TMAS

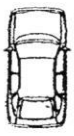
Nature of Accident :

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

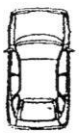
(V/L YES / NO)

Insured Liability : % **Final ? Yes / No**

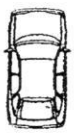
SLN 6600M → SKK 6749X → SHD 498G →



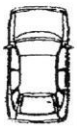
INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS: OI



INSRS:
WSP: TRANS-CAB
Tel :
Liability :
RMKS: TP



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHD 498G - CC3/AIG18015433/Kda3q2; DOA: 21.8.18 - CC3/LCR18018567/Kda3; DOA: 09.10.18 - CS/FCI18007527/bXX ; DOA: 14.4.18 SKK 6749X - CS/INC19019711/Avf3; DOA: 05.11.19 - NA/INC19019682/z4; DOA: 05.11.19
13/3/2020	FILE PASS TO TYRE MANDATIS

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: S$ 4274.12 (2.5 days) Reduction: 83 % Email [ ] Call [ ]

FINAL SETTLEMENT Date/Time: 2/8/2020 Confirm with Ng Wee Yin Email [✓] Call [ ]

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 01.
Repair Cost: (w/GST)	S$ 4573.31	3 veh C.C. 02 was 2nd
Loss of Rental (LOR):	S$ 310.80 (3 days) × $103.60	
Loss of Use (LOU):	S$ - ($ x days)	
Loss of Income (LOI):	S$ - ($ x 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: $320
Total:	**S$ 4891.60** **Global Sum S$:**	

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

Payee 1:	S$ 4891.60	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:	