15/5/2010

INS. CASE OWNER: ANG Richard 6880 5450 | CC4/ASM19020812/Kpa3 | LKK: IDAC: 148683

ASSIGNMENT

Surveyor: KENNETH DOI: 25.11.2019 Date / Time : 25/11/2019

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : SHD 5927C Claim No. : S9M026EA

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$ 5,000.00 D.O.A : 08/11/2019 15:30 Place of Accident : CTE SLIP ROAD TOWARDS BUKIT TIMAH ROAD

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

If **NO**, Driver Name / Age : TEO LAI SIANG OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : +65-91010958 (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

YP 6196Z → → →

INSRS:	INSRS:	INSRS:	INSRS:
WSP: CHENG HOE	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time			
	YP 6196Z - X SHD 5927C - X	**STAGE**	**DATE / PIC**
		Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
03/07/2020	Pls refer to VIEWS for details.	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: P/P	S$ 1,396.00 (3 days)	Reduction: 14 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 03/07/2020	Confirm with June	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 1,493.72		
Loss of Rental (LOR):	S$ (days)		
Loss of Use (LOU):	S$ 240.00 ($80 x 3 days)		
Loss of Income (LOI):	S$ ($ x days)		
LOR only ☐ LOU only ☑	LOR + LOU ☐ LOR + LOI ☐	[Tick only one]	
GIA/LTA Search	S$		
Medical:	S$		1) Claim status: Normal/[redacted]
Disbursement:	S$	(e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S$		3) Survey fee: $350.00
Total:	S$ 1,733.72	**Global Sum S$:**	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐
Payee 1:	S$ 1,733.72	Name 1:	Cheng Hoe Motor Pte Ltd
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	