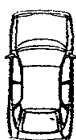


ASSIGNMENTSurveyor: KENNETHDOI: 13/12/2019Date / Time : 13/12/2019Registered in Merimen: 17/12/2019**Pre-assign / CCU / FTE**Insured Vehicle No. : SJR 5408LClaim No. : 8001409390SGName of Insured : TAN WEI MING

Policy No. : _____

Insured Tel No. : _____ HP: 86862887

Make / Model : _____

Excess Sec II : \$ _____ D.O.A : 11/12/2019 20:55Place of Accident : CTE > AMK AVE 3

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 5262LINSRS:
WSP: TRANS-CAB
Tel : AUTO
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SHD 5262L- NBA/LIP16012056/Y; DOA : 28.06.2016	Non-Reporting ltr (1st):	
	SJR 5408L - X	Non-Reporting ltr (2nd):	
	OINR. To send out first letter. File pass to Su Li.	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:	☐ ☐
<u>17/03/2021</u>	<u>SETTLED AND CLOSED / FILE IN DRAWER</u>		

PRELIMINARY ADVICE	Date/Time:	Sent By:	
FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: <u>P/P</u>	S\$ <u>14,321.98</u> (<u>11</u> days) Reduction: <u>86.82</u> %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: <u>12/03/2021</u> Confirm with <u>WAI YIN</u>	Email ☒ Call ☐	
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>28</u>	If NO or B 28, Ass. Lia : <u>100</u>	
Repair Cost: <u>(W/GST)</u>	S\$ <u>15,324.52</u>		
Loss of Rental (LOR):	S\$ <u>1,701.00</u> (<u>15</u> days) x \$113.40	<u>3 veh c.c , OI is the last car</u>	
Loss of Use (LOU):	S\$ (\$ x days)		
Loss of Income (LOI):	S\$ <u>750.00</u> (\$ <u>50</u> x <u>15</u> days)		
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☒ [Tick only one]			
GIA/LTA Search	S\$ <u>7.49</u>		
Medical:	S\$	1) Claim status: <u>Normal</u> /Reject/Private Settle	
Disbursement:	S\$ (e.g. Tow/ Independent)	2) Report Format: <u>TP</u>	
Legal Cost	S\$	3) Survey fee: <u>\$320.00</u>	
Total:	S\$ <u>17,783.01</u>	Global Sum S\$: <u>4) RA FEE : \$2.54</u>	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S\$ <u>17,783.01</u>	Name 1: <u>TRANS-CAB AUTO SERVICES PTE LTD</u>	
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	