15/5/2010

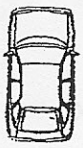
INS. CASE OWNER: | CC 3/A/G 20000666 / KK/S3/4 | LKK: IDAC:

ASSIGNMENT

Surveyor: Kenneth DOI: 9/1/2020 Date / Time: 9/1/2020

Registered in Merimen: 10/1/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SLK 3143B Claim No. :

Name of Insured : Tan Keng Chuan Policy No. :

Insured Tel No. : HP: Make / Model :

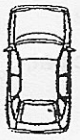
Excess Sec II :S$ D.O.A : 6/1/2020 Place of Accident :

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

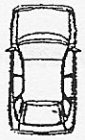
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

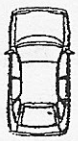
SHD9935C → → →



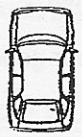
INSRS:
WSP: Trans-Cab
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHD9935C ; NA/INC18018547/24 ; DOA : 10/10/18 SLK3143B ; X
04/02 @ 10:52 am	called OI . spoke to Mr. Tan . OI hit from behind. informed TP claim , agree to settle & aware NCD will be affected . sent Ltr to OI . JC
2/4/2020 Kcarchives	File pass to type mandate

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:	04/02 JC

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: 45 S$ 4,800 (5 days) Reduction: 87% Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 30/12/2020 Confirm with Wai Yin Email ☑ Call ☐

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27 If NO or B 28, Ass. Lia :

Repair Cost: W/H S$ 5136.W (OI REAR-ENDED TP)

Loss of Rental (LOR): S$ 475.20 (5 days) ~~$95.04~~ x $95.04

Loss of Use (LOU): S$ — ($ x days)

Loss of Income (LOI): S$ 250-W ($50 x 5 days)

LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☑ **[Tick only one]**

GIA/LTA Search	S$ 7.45	
Medical:	S$ —	1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ — (e.g. Tow/ Independent)	2) Report Format: GP
Legal Cost	S$ —	3) Survey fee: $ 32-W
Total:	**S$** 5868.65	**Global Sum S$:** 5850-W

FINAL PAYMENT Date/Time: Confirm with: Email ☑ Call ☐

Payee 1:	S$ 5850-W	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:	