15/5/2010

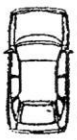
INS. CASE OWNER: MingYao.Lee | CC3/AIG20001688/Kda3 | LKK: IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 30/01/2020 Date / Time : 30/01/2019

Registered in Merimen: 31/01/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : GBJ 5995U Claim No. : 6053283349SG

Name of Insured : SPIN PTE LTD Policy No. : 1900111668

Insured Tel No. : HP: Make / Model : NISSAN NV200-1.6 DX (A)

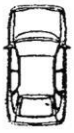
Excess Sec II :S$ D.O.A : 21/01/2020 14:00 Place of Accident : PIE TOWARDS CHANGGI AIRPORT

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

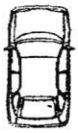
If **NO**, Driver Name / Age : LEE JIA WEI OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

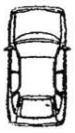
UNKNOWN LORRY → GBJ 5995U → SHD 9318J →



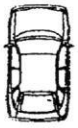
INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS: OI



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



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHD 9318J - X
	GBJ 5995U - NA/MSG19022255/r3; DOA: 17.12.19
25/2	email to OI

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:	7/2/20 JL email

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$ 1021.75 (1 days) Reduction: 96 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 31/8/2020 Confirm with Ng Wai Yin Email ☑ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 0%
Repair Cost: (w/GST)	S$ 1093.27	3 veh C.C., 02 was 2nd
Loss of Rental (LOR):	S$ 170.10 (1.5 days) × $113.40	
Loss of Use (LOU):	S$ - ($ x days)	
Loss of Income (LOI):	S$ 75.00 ($ 50 x 1.5 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:
Legal Cost	S$ -	3) Survey fee:
Total:	**S$ 1345.86** **Global Sum S$:**	

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

Payee 1:	S$ 1345.86	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:	