15/5/2010

INS. CASE OWNER: Bernard Ler | CC3/AIG20002021/Kea3 | LKK: IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 04/02/2020 Date / Time : 04/02/2020

Registered in Merimen: 05/02/2020

Pre-assign / CCU / FTE

Insured Vehicle No. : SKW 3157K

Name of Insured : LOW HAN KIAT

Insured Tel No. : 86841580 HP: +65-90498868

Excess Sec II :S$

D.O.A : 01/02/2020 12:50

Is driver the owner? (YES / NO)

Nature of Accident :

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

Driver Tel No. : (V/L: YES / NO)

Claim No. : 2577750251SG

Policy No. : 2100435443

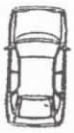
Make / Model : KIA CERATO FORTE-1.6 SX (A)

Place of Accident : 203 GEYLANG RD. S (389266) EXIT POINT OF ESSO STN

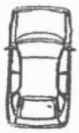
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

SHC 5344P →



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



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHC 5344P - CC3/ASM19003186/Kpb3s2; DOA: 15.02.19
	- CS/TP18002987/Krbn2; DOA: 09.02.18
	- NA/INC18000006/h4; DOA: 31.12.17
	SKW 3157K - X

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: KSC

Repair Cost: L/S S$ 3,100.00 (3 days) Reduction: 91 % Email [ ] Call [ ]

FINAL SETTLEMENT Date/Time: 21.10.20 Confirm with WAI YIN Email [ ] Call [ ]

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 31	If NO or B 28, Ass. Lia :
Repair Cost: W/GST	S$ 3,317.00	OI TURN LEFT INTO MAIN ROAD HIT TP
Loss of Rental (LOR):	S$ 380.16 (4 days) X $95.04	
Loss of Use (LOU):	S$ - ($ x days)	
Loss of Income (LOI):	S$ 200.00 ($ 50 x 4 days)	
LOR only [ ] LOU only [ ] LOR + LOU [ ] LOR + LOI [✓] [Tick only one]		
GIA/LTA Search	S$ 7.49	
Medical:	S$ -	1) Claim status: Normal/[redacted]
Disbursement:	S$ - (e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S$ -	3) Survey fee: $320
Total:	S$ 3,904.65 **Global Sum S$:** 3,900.00	

FINAL PAYMENT Date/Time: 21.10.20 Confirm with: WAI YIN Email [ ] Call [ ]

Payee 1:	S$ 3,900.00	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:	