15/5/2010

INS. CASE OWNER: CC3 / CT120003865 / KKa3 | LKK: | IDAC: | LIABILITY (VIDEO)

ASSIGNMENT

Surveyor: Kenneth DOI: 9/3/2020 Date / Time: 11/3/2020

Registered in Merimen: —

Pre-assign / CCU / FTE

Insured Vehicle No. : SGJ898R | Claim No. :

Name of Insured : Goh Yen Nee | Policy No. :

Insured Tel No. : HP: | Make / Model : Mercedes-Benz GLC250

Excess Sec II :S$ D.O.A : 8/3/2020 | Place of Accident : Finlayson Green

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

If NO, Driver Name / Age : mok yip yang | OI GIA REPORT: (YES) / NO ; TP GIA REPORT: (YES) / NO

Driver Tel No. : 9099 0038 (V/L: YES / NO) | Insured Liability : % **Final ? Yes / No**

SHD 9785T → → →

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

Date/ Time	
	SHD 9785T - CC3/AIG17005203/Keb3s2 ; 11/3/17
	- CC4/AXA17017415/Kb392 ; 5/9/17
	- CC6/AXA17011638/Uhb392 ; 12/6/17
	SGJ898R - CS/CT12000386?/Tiv?3 ; 8/3/2020
	- CS/MSA18006074/T19be27 ; 19/7/18

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:

Repair Cost: US S$ 5250.00 (5 days) Reduction: 86 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 2/4/2021 Confirm with Wai Yin Email ☑ Call ☐

Final Liability:	% 50 (Agreed / (Assessed)) BOLA S/N No. : NIL		If NO or B 28, Ass. Lia :
Repair Cost: 5617.50	S$ 2808.75		
Loss of Rental (LOR): 405.65	S$ 202.83 (5 days) x $ 81.13		
Loss of Use (LOU):	S$ — ($ x days)		
Loss of Income (LOI): 250.00	S$ 125.00 ($ 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:
Legal Cost	S$ —		3) Survey fee: $400.00
Total:	S$ 3144.03	**Global Sum S$:** 3140.00	

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

Payee 1:	S$ 3140.00	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:	