15/5/2010

INS. CASE OWNER: KHOR Saw Theng 6568804754 | CC4/ASM20004517/Kpa3 | LKK: IDAC: 165951

ASSIGNMENT

Surveyor: KENNETH DOI: 25/03/2020 Date / Time : 25/03/2020

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : SHC 5980C Claim No. : S0M02JPQ

Name of Insured : TRANS-CAB AUTO SERVICES PTE LTD Policy No. : P2348706

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ 5,000.00 D.O.A : 13/03/2020 18:30 Place of Accident : BARTLEY ROAD EAST EXIT TO ~~UPPER PAYA LEBAR~~

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

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

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

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

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

GBE 2665T →

INSRS:
WSP: ESTEEM PERFORMANCE
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	GBE 2665T - X SHC 5980C - CC3/AIG17004784/Keb3q2 ; 06/03/2017 CC3/AIG19002480/Kda3q2 ; 02/02/2019 CC3/CTI19020806/Kda3 ; 21/11/2019 CC3/III15012162/Kya3n2 ; 14/07/2015 CC3/TMI11010602/Kvn ; 28/04/2011 CC4/ASM19002066/Efa3q2 ; 25/01/2019 CS/AXA10005590/Dqh ; 20/03/2010 CS/FCI18021614/Ktd3n2 ; 28/11/2018	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	
16/04/2020	Pls refer to Views for details.		

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: P/P S$ 210.00 (1 days) Reduction: 68 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 16/04/2020 Confirm with Carmen Email ☑ Call ☐

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 15 If NO or B 28, Ass. Lia :

Repair Cost: w/GST S$ 224.70

Loss of Rental (LOR): S$ (days)

Loss of Use (LOU): S$ 180.00 ($90 x 2 days)

Loss of Income (LOI): S$ ($ x days)

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

GIA/LTA Search S$ 7.45

Medical: S$ 1) Claim status: Normal/[redacted]

Disbursement: S$ (e.g. Tow/ Independent) 2) Report Format: TP

Legal Cost S$ 3) Survey fee: $350.00

Total: S$ 412.15 **Global Sum S$:** 400.00

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

Payee 1:	S$ 400.00	Name 1:	ESTEEM PERFORMANCE PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	