15/5/2010

INS. CASE OWNER: LOH Cynthia 6568804843

CC4/ASM20005055/Aka3

LKK:

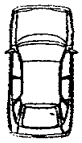
IDAC: 167440

ASSIGNMENT b

Surveyor: ADRIAN DOI: 08/04/2020 Date / Time : 08/04/2020

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SHD 296Y Claim No. : S0M02L5S

Name of Insured : TRANS-CAB SERVICES PTE LTD Policy No. : VFX/P1680520

Insured Tel No. : HP: Make / Model : RENAULT LATITUDE-2.0 D DCI (A)

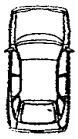
Excess Sec II :S$ 5,000.00 D.O.A : 06/04/2020 Place of Accident : WOODLANDS AVE 6 SLIP RD 0TOWARDS WOODLANDS AVE 7

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

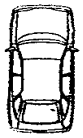
If **NO**, Driver Name / Age : CHOO KAH SENG OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : +65-82186782 (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

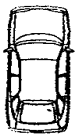
SMK 7220Z → → →



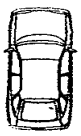
INSRS:
WSP: NEW HOCK TECK
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SMK 7220Z - X SHD 296Y - X	
07/07/2020	SETTLED AND CLOSED	

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: L/S S$ 6,800.00 (6 days) Reduction: 60.62 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 07/07/2020 Confirm with SUKYI CHONG Email ✓ Call ☐

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

Repair Cost: (W/GST) S$ 7,276.00

Loss of Rental (LOR): S$ (days) OID rear-ended TP

Loss of Use (LOU): S$ 400.00 ($ 50 x 8 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/Reject/Private Settle

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

Legal Cost S$ 3) Survey fee: $350.00

Total: S$ 7,683.45 **Global Sum S$:** 7,600.00

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

Payee 1:	S$ 7,600.00	Name 1:	NEW HOCK TECK MOTOR PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	