15/5/2010

INS. CASE OWNER: LOH Cynthia 6568804843

CC4/ASM20005279/Eba3

LKK:

IDAC: 167972

ASSIGNMENT

Surveyor: STEVE

DOI: 20/04/2020

Date / Time : 17/04/2020

Registered in Merimen: —

Pre-assign / CCU / FTE

Insured Vehicle No. : SHC 5671U

Claim No. : S0M02MEZ

Name of Insured : TRANS-CAB SERVICES PTE LTD

Policy No. : P2348706

Insured Tel No. : HP:

Make / Model : RENAULT LATITUDE-2.0 D DCI (A)

Excess Sec II :S$ 5,000.00

D.O.A : 15/04/2020 16:55

Place of Accident : NORTH BOUNA VISTA ROAD TOWARDS ~~PORTSDOWN ROAD~~

Is driver the owner? (YES / NO)

Nature of Accident :

If **NO**, Driver Name / Age : TAN BOON WAH

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

Driver Tel No. : +65-96207225 (V/L: YES / NO)

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

SLQ 2732B → → →

INSRS:	INSRS:	INSRS:	INSRS:
WSP: MY CAR	WSP:	WSP:	WSP:
Tel : CONSULTANT	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time		STAGE	DATE / PIC
	SLQ 2732B - NA/FWD20005246/F 15/04/2020	Non-Reporting ltr (1st):	
	SHC 5671U - CC3/AIG10013860/Dn1f2r1 08/07/2010	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:		

09/11/2020 SETTLED AND CLOSED / NO PHY FILE

PRELIMINARY ADVICE Date/Time: Sent By:

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: L/S S$ 6,100.00 (5 days) Reduction: 46.39 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 09/11/2020 Confirm with HUI QIN Email ✓ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 6,100.00	
Loss of Rental (LOR):	S$ (days)	OI rear-ended TP
Loss of Use (LOU):	S$ 300.00 ($ 60 x 5 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: $350.00
Total:	**S$** 6,407.45 **Global Sum S$:** 6,400.00	

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

Payee 1:	S$ 6,400.00	Name 1:	MY CAR CONSULTANT PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	