15/5/2010

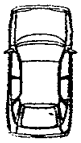
INS. CASE OWNER: Kian-Meng | CC3/AIG20005715/Kea3 | LKK: IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 13/05/2020 Date / Time : 13/05/2020

Registered in Merimen: 13/05/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : GBF 4691Z Claim No. : 8327964818SG

Name of Insured : SHAW THEATRES PTE LTD Policy No. : 2100489040

Insured Tel No. : HP: Make / Model : NISSAN NV200-1.5 (M)

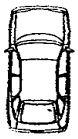
Excess Sec II :S$ D.O.A : 11/05/2020 Place of Accident : TPE SLIP RD TOWARDS LOYANG AVENUE

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

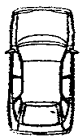
If **NO**, Driver Name / Age : MUHAMMAD FATHURRAZI BIN ADNAN OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : 90230449 (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

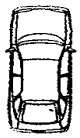
SHF 564M → → →



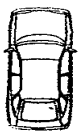
INSRS:
WSP: TRANS CAB
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SHF 564M - X	Non-Reporting ltr (1st):	
	GBF 4691Z - CC4/FWD18008934/T1ea3q2 09/05/2018	Non-Reporting ltr (2nd):	
	NBA/FWD18008514/Y 09/05/2018	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$ 1,850.00 (2 days) Reduction: 92 % Email [ ] Call [ ]

FINAL SETTLEMENT Date/Time: 07.08.20 Confirm with WAI YIN Email [ ] Call [ ]

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27 OID REAR ENDED TP	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 1,979.50	
Loss of Rental (LOR):	S$ 362.07 (3 days) x $120.69	
Loss of Use (LOU):	S$ - ($ x days)	
Loss of Income (LOI):	S$ 150.00 ($50 x 3 days)	
LOR only [ ] LOU only [ ] LOR + LOU [ ] LOR + LOI [✓] [**Tick only one**]		
GIA/LTA Search	S$ 7.49	
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: $320
Total:	**S$** 2,499.06 **Global Sum S$:**	

FINAL PAYMENT Date/Time: 07.08.20 Confirm with: WAI YIN Email [ ] Call [ ]

Payee 1:	S$ 2,499.06	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:	