15/5/2010

INS. CASE OWNER: Norsiah

CC3/AIG20005974/Kba3

LKK:

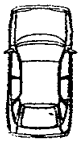
IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 27/05/2020 Date / Time : 27/05/2020

Registered in Merimen: 27/05/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SKW 5528K Claim No. : 4247804940SG

Name of Insured : TOH LAY HAR Policy No. : 1900232175

Insured Tel No. : HP: Make / Model : TOYOTA CAMRY

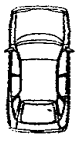
Excess Sec II :S$ D.O.A : 25/05/2020 Place of Accident : CHAI CHEE ROAD TWDS NEW UPP CHANGI RD

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

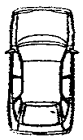
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT YES / NO

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

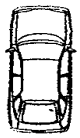
SHC 5542J → → →



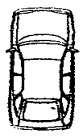
INSRS:
WSP: TRANS CAB
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	SHC 5542J - CS/FCI19005517/Kqd3n2 ; 23/03/2019	**STAGE**	**DATE / PIC**
	CC3/EQI18012435/Kea3s2 ; 05/07/2018	Non-Reporting ltr (1st):	
	CC3/AIG08006932/VDn ; 25/01/2008	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
	SKW 5528K - X	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 :	✓ / ☐
07/12/2020	SETTLED AND CLOSED / NO PHY FILE	Medical Bill:	☐ / ☐
		PIR:	☐ / ☐
		Mandate/Reject Instruction:	✓ / ☐
		LOD	✓ / ☐
		Payment Breakdown Form:	☐
PRELIMINARY ADVICE Date/Time:	Sent By:	Post-Repair Photos:	☐ / ☐
		Others:	☐ / ☐

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: L/S	S$ 1,650.00 (2 days) Reduction: 92.77 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 04/12/2020	Confirm with WAI YIN	Email ✓ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: (W/GST)	S$ 1,765.50		
Loss of Rental (LOR):	S$ 64.20 (3 days) X $21.40		OI rear-ended TP
Loss of Use (LOU):	S$ ($ 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: $320.00
Total:	**S$** 1,987.19	**Global Sum S$:** 1,985.00	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 1,985.00	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:	