15/5/2010

INS. CASE OWNER: NG Stacey 6568804351

CC4/ASM20005991/Uka3

LKK:

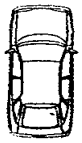
IDAC: 170291

ASSIGNMENT

Surveyor: MARCUS DOI: 28/05/2020 Date / Time : 27/05/2020

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SHF 591J Claim No. : S0M02OGI

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

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

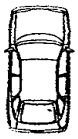
Excess Sec II :S$ 5,000.00 D.O.A : 26/05/2020 07:55 Place of Accident : JURONG WEST AVENUE X CORPORATION ROAD

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

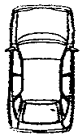
If **NO**, Driver Name / Age : GAY TIEW MENG OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : +65-97993904 (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

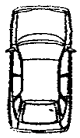
CB 6099E → → →



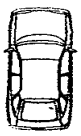
INSRS:
WSP: FASTECH
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time					
	CB 6099E - X	SHF 591J - X	**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:		
PRELIMINARY ADVICE	Date/Time:	Sent By:	Post-Repair Photos:		
			Others:		

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: L/S	S$ 14,000.00 (15 days)	Reduction: 39,122.70/74 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 28/9/2020	Confirm with LINA	Email ✓ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 5	If NO or B 28, Ass. Lia :
Repair Cost: (w/GST)	S$ 14,980.00		PIR AGAINST OI
Loss of Rental (LOR):	S$ (days)		
Loss of Use (LOU):	S$ 2,550.00 ($ 150 x 17 days)		
Loss of Income (LOI):	S$ ($ x days)		
LOR only ☐ LOU only ✓	LOR + LOU ☐	LOR + LOI ☐ [**Tick only one**]	
GIA/LTA Search	S$		
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
Total:	**S$** 17,530.00	**Global Sum S$:** 16,200.00	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 16,200.00	Name 1:	FASTECH AUTO PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	