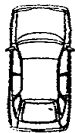


ASSIGNMENT CC3/AIG20006037/Kpa3Surveyor: KENNETHDOI: 29/05/2020Date / Time : 29/05/2020Registered in Merimen: 01/06/2020**Pre-assign / CCU / FTE**

Insured Vehicle No. : SLF 3101Z
 Name of Insured : POPULAR RENT A CAR PTE LTD
 Insured Tel No. : _____ HP: _____
 Excess Sec II :S\$ _____ D.O.A : 28/05/2020
 Is driver the owner? (YES / **NO**) Nature of Accident : _____

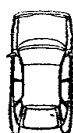
Claim No. : 9924869986SG
 Policy No. : 0999994035
 Make / Model : SUZUKI SWIFT-1.4 GLX (A)
 Place of Accident : ALONG WOODLANDS AVE 7 NEAR ADMIRALTY MRT

If **NO**, Driver Name / Age : NUR AINI BINTE HAMIDDriver Tel No. : 96271772(V/L: **YES** / NO)OI GIA REPORT: **YES** / NO ; TP GIA REPORT: **YES** / NOInsured Liability : % **Final ? Yes / No**SHD 9922P

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



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	SHD 9922P - CC3/ASM19014242/Kga3q2 ; 08/08/2019 CS/TP15000684/Kgbk3 ; 06/09/2014 NA/INC18005374/h4 ; 21/03/2018	STAGE	DATE / PIC
		Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
	SLF 3101Z - x	Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	
02/12/2021	Pls refer to VIEWS for details.	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: <u>L/sum</u>	S\$ <u>1,200.00</u> (<u>1</u> days) Reduction: <u>95</u> %	Email ☐	Call ☐
FINAL SETTLEMENT	Date/Time: <u>02/12/2021</u> Confirm with <u>Wai Yin</u>	Email ☐	Call ☐
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>NIL</u>	If NO or B 28, Ass. Lia :	
Repair Cost: <u>w/GST</u>	S\$ <u>1,284.00</u>		
Loss of Rental (LOR):	S\$ <u>162.26</u> (<u>2</u> days) x \$81.13		
Loss of Use (LOU):	S\$ (\$ x days)		
Loss of Income (LOI):	S\$ (\$ x days)		
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]			
GIA/LTA Search	S\$ <u>7.45</u>		
Medical:	S\$	1) Claim status: <u>Normal/Reject/Private Settle</u>	
Disbursement:	S\$ (e.g. Tow/ Independent)	2) Report Format: <u>TP</u>	
Legal Cost	S\$	3) Survey fee: <u>\$320.00 + \$22</u>	
Total:	S\$ <u>1,453.71</u> Global Sum S\$: 1,450.00 (OI paid TP & LKK Fee)		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____ Email ☐ Call ☐		
Payee 1:	S\$ <u>1,450.00</u> Name 1: <u>Trans-cab Services Pte Ltd</u>		
Payee 2: (Strike if N.A.)	S\$ Name 2:		
Payee 3: (Strike if N.A.)	S\$ Name 3:		