15/5/2010

INS. CASE OWNER: KHOR Saw Theng 6568804754

CC4/ASM20006408/Apa3

LKK:

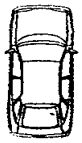
IDAC: 171734

ASSIGNMENT

Surveyor: ADRIAN DOI: 18/06/2020 Date / Time : 18/06/2020

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 5800P Claim No. : S0M02PH9

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

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

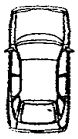
Excess Sec II :S$ 5,000.00 D.O.A : 17/06/2020 11:20 Place of Accident : YSIHUN AVENEU 9 X YISHUN AVENUE 6

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

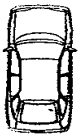
If **NO**, Driver Name / Age : LIM KUAN CHONG OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : +65-97594452 (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

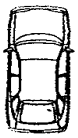
SKZ 450S → → →



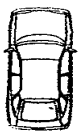
INSRS:
WSP: SM AUTOMOTIVE
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SKZ 450S - X	**STAGE** **DATE / PIC**
	SHC 5800P - CC3/AXA17014324/Kwb3s2 ; 20/07/2017	Non-Reporting ltr (1st):
	NJA/INC09018692/j1 ; 21/08/2009	Non-Reporting ltr (2nd):
		Non-Reporting ltr (Final):
		Notification ltr (if non-pickup):
		Call OI:
06/08/2020	Pls refer to Views for details.	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:
Repair Cost: L/sum	S$ 15,500.00 (14 days) Reduction: 69 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 06/08/2020	Confirm with Sukyi	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 15,500.00		
Loss of Rental (LOR):	S$ 1,200.00 (12 days)	X $100.00	
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI):	S$ ($ x days)		
LOR only ☑ LOU only ☐	LOR + LOU ☐	LOR + LOI ☐ [**Tick only one**]	
GIA/LTA Search	S$ 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: $350.00
Total:	**S$** 16,707.45	**Global Sum S$:** 15,500.00	

FINAL PAYMENT	Date/Time:	Confirm with:		Email ☑ Call ☐
Payee 1:	S$ 15,500.00	Name 1:	SM AUTOMOTIVE	
Payee 2: (Strike if N.A.)	S$	Name 2:		
Payee 3: (Strike if N.A.)	S$	Name 3:		