15/5/2010

INS. CASE OWNER: Bernard Ler Ji Qian

CC3/AIG20007086/Kdv3

LKK:

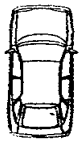
IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 07/07/2020 Date / Time : 07/07/2020

Registered in Merimen: 07/07/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SCH 8823L Claim No. : 0747733141SG

Name of Insured : WEE LYE KIM Policy No. : 1900159593

Insured Tel No. : HP: Make / Model : AUDI Q2/Q2 SPORT 1.0 TFSI S TRONIC

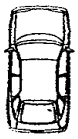
Excess Sec II :S$ D.O.A : 04/07/2020 Place of Accident : ALONG BALESTIER RD AFT JALAN DATOH

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

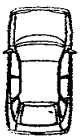
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

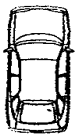
SHB 7928Y → → →



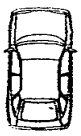
INSRS:
WSP: TRANS CAB
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	SHB 7928Y - CC3/FCI15001954/Kvbd1 ; 23/06/2014 CC4/ASM17022821/M1ha3q2 ; 28/11/2017 CS/LIP08031864/Rfr1 ; 29/11/2008 NA/AIG20006994/r3 ; 04/07/2020 NA/INC19011749/z4 ; 01/07/2019 CC3/AIG09020882/Dwj ; 14/08/2009	**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:	
	SCH 8823L - CS/MSG15007696/Dgy3d1 ; 13/03/2015 NA/AIG20006994/r3 ; 04/07/2020 NA/INC10010011/s1 ; 21/05/2010 NA/INC10010087/w1 ; 21/05/2010 NA/INC11022321/s2 ; 31/10/2011	**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: P/P	S$ 1,207.45 (1 days) Reduction: 84 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 23/4/2021	Confirm with WAIYIN	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost: W/GST	S$ 1,291.97		
Loss of Rental (LOR):	S$ 340.20 (3 days) x $113.40		
Loss of Use (LOU):	S$ ($ 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$** 1,789.66	**Global Sum S$:**	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 1,789.66	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:	