15/5/2010

INS. CASE OWNER: CC3/CTI20008155/Kps3q2 ~~CC 3 / CTI 2000 8155~~ / Kka3

LKK:

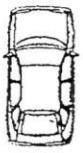
IDAC:

ASSIGNMENT

Surveyor: Kenneth DOI: 05/08/2020 Date / Time : 05/08/2020

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : YL 8601D Claim No. :

Name of Insured : CHENG HENG PAPER PRODUCTS CO (PTE) LTD Policy No. :

Insured Tel No. : HP: Make / Model :

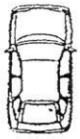
Excess Sec II :S$ D.O.A : 04/08/2020 Place of Accident :

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

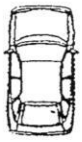
If NO, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

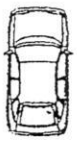
SHC 5150G → → →



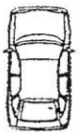
INSRS:
WSP: TRANS-CAB
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHC 5150G : CC3/AIG17017782/Kea3s2 ; DOA : 09/09/2017
	YL 8601D : CS/EGI17014056/Uvbe2 ; DOA : 13/07/2017
18/04/2021	Pls refer to Views for details.

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:		
Post-Repair Photos:		
Others:		

PRELIMINARY ADVICE	Date/Time:	Sent By:	
FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: L/sum	S$ 6,400.00 (6 days)	Reduction: 84 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 18/04/2021	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$ 6,848.00		
Loss of Rental (LOR):	S$ 730.17 (9 days)	x $81.13	
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI):	S$ 450.00 ($ 50 x 9 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: $400.00
Total:	S$ 8,035.62	**Global Sum S$:** 8,000.00	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐

Payee 1:	S$ 8,000.00	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:	