15/5/2010

INS. CASE OWNER: CC3 / FCI 2000 8897 / Kes3

LKK:

IDAC:

**ASSIGNMENT**

Surveyor: Kenneth DOI: 21/08/2020 Date / Time : 24/08/2020

Registered in Merimen: —

**Pre-assign / CCU / FTE**

Insured Vehicle No. : SHB 3513L Claim No. :

Name of Insured : CITYCAB PTE LTD Policy No. :

Insured Tel No. : HP: Make / Model :

**Excess Sec II :S$** D.O.A : 20/08/2020 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**

SHB 7724T → → →

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 7724T : CC3/FCI13012370/Kgu2 ; DOA : 01/05/2013 |
| | SHB 3513L : X |
| | - Please check / verify OID DL |

| 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: KSC

Repair Cost: P/P S$ 6,781.40 ( 3 days) Reduction: 80 % Email ☐ Call ☐

**FINAL SETTLEMENT** Date/Time: 23.02.21 Confirm with WAI YIN Email ☐ Call ☐

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : NIL If NO or B 28, Ass. Lia :

Repair Cost: w/GST S$ 7,256.10 OID BEATS RED LIGHT HIT TP

Loss of Rental (LOR): S$ 450.00 ( 5 days) X $90

Loss of Use (LOU): S$ - ($ x days)

Loss of Income (LOI): S$ 250.00 ($ 50 x 5 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: $600 |
| **Total:** | **S$ 7,963.59** | **Global Sum S$:** |

**FINAL PAYMENT** Date/Time: 23.02.21 Confirm with: WAI YIN Email ☐ Call ☐

| | | | |
|---|---|---|---|
| Payee 1: | S$ 7,963.59 | 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: | |