15/5/2010

INS. CASE OWNER: CC3/AIG20009335/Kea3

LKK:

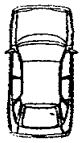
IDAC:

## ASSIGNMENT

Surveyor: KENNETH DOI: 01/09/2020 Date / Time : 01/09/2020

Registered in Merimen: 02/09/2020

**Pre-assign / CCU / FTE**



Insured Vehicle No. : SJA 575J Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

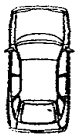
**Excess Sec II :S$** D.O.A : 31/08/2020 14:30 Place of Accident : PIE SLIP ROAD TOWARDS THOMSON ROAD

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

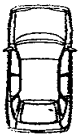
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

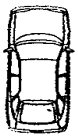
SHD 5932L →



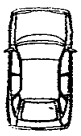
INSRS:
WSP: TRANS-CAB AUTO
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

| Date/ Time | | |
|---|---|---|
| | SHD 5932L - CS/TP11006029/Kcg1 ; 24/02/2011 | **STAGE** **DATE / PIC** |
| | SJA 575J - X | 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: |
| **PRELIMINARY ADVICE** | Date/Time: Sent By: | Post-Repair Photos: |
| | | Others: |

| | | | |
|---|---|---|---|
| **FINALIZATION** | Date/Time: | Confirm with: | Confirm by: KSC |
| Repair Cost: P/P | S$ 1,805.25 ( 2 days) | Reduction: 79 % | Email ☐ Call ☐ |
| **FINAL SETTLEMENT** | Date/Time: 03.02.21 | 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$ 1,931.62 | OID REAR ENDED TP | |
| Loss of Rental (LOR): | S$ 243.39 ( 3 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$ 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: $320 |
| **Total:** | **S$** 2,182.50 | **Global Sum S$:** 2,180.00 | |

| | | | |
|---|---|---|---|
| **FINAL PAYMENT** | Date/Time: 03.02.21 | Confirm with: WAI YIN | Email ☐ Call ☐ |
| Payee 1: | S$ 2,180.00 | 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: | |