15/5/2010

INS. CASE OWNER: CC3/LPC20011231/Kps3

LKK:

IDAC:

ASSIGNMENT

Surveyor: Kenneth DOI: 14/10/2020 Date / Time : 16/10/2020

Registered in Merimen: —

Pre-assign / CCU / FTE

Insured Vehicle No. : YP 3229H Claim No. :

Name of Insured : MEISEI INTERNATIONAL PRIVATE LIMITED Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 13/10/2020 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 5990Z → → →

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

Date/ Time	
	SHC 5990Z : CC3/AIG10012400/Un1f2k2 ; DOA : 23/06/2010
	YP 3229H : NBA/LPC20011059/Y ; DOA : 13/10/2020
15/01/2021	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$ 4,900.00 (5 days) Reduction: 65 % Email [ ] Call [ ]

FINAL SETTLEMENT Date/Time: 15/01/2021 Confirm with Wai Yin Email [✓] Cal [ ]

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 5,243.00	
Loss of Rental (LOR):	S$ 490.64 (4 days) X $122.66	
Loss of Use (LOU):	S$ ($ x days)	
Loss of Income (LOI):	S$ 200.00 ($ 50 x 4 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~~ttle
Disbursement:	S$ (e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S$ 5,941.09	3) Survey fee: $400.00
Total:	**S$** **Global Sum S$:**	

FINAL PAYMENT Date/Time: Confirm with: Email [✓] Cal [ ]

Payee 1:	S$ 5,941.09	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:	