15/5/2010

INS. CASE OWNER: CC3/III20012374/Kgs3

LKK:

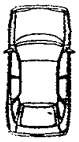
IDAC:

ASSIGNMENT

Surveyor: Kenneth DOI: 10/11/2020 Date / Time : 11/11/2020

Registered in Merimen: 11/11/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SHD 2459G Claim No. :

Name of Insured : PRIME CAR RENTAL & TAXI SERVICES PTE LTD Policy No. :

Insured Tel No. : HP: Make / Model :

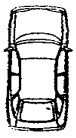
Excess Sec II :S$ D.O.A : 08/11/2020 Place of Accident :

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

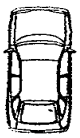
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

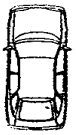
SHC 5430Z → → →



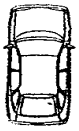
INSRS:
WSP: TRANS-CAB
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHC 5430Z : CC3/FCI15014525/Ktbn2 ; DOA : 09/03/2015
	SHD 2459G : CS/INC15007687/Ugy3n2 ; DOA : 12/02/2015

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: P/P S$ $9,740.90 (7 days) Reduction: $8,244.15 % 46 ✓ Email Call

FINAL SETTLEMENT Date/Time: 17/02/2021 Confirm with WAI YIN Email ✓ Cal

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 100%
Repair Cost:	S$ 10,422.76 W/GST	
Loss of Rental (LOR):	S$ 1,140.48 (12 days) x $95.04	C.C (OI LAST)
Loss of Use (LOU):	S$ ($ x days)	
Loss of Income (LOI):	S$ 600.00 ($ 50 x 12 days)	
LOR only LOU only LOR + LOU LOR + LO ✓	[**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: $600.00
Total:	**S$** 12,170.69 **Global Sum S$:**	

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

Payee 1:	S$ 12,170.69	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:	