15/5/2010

INS. CASE OWNER: CC3/AIG20012963/Kga3

LKK:

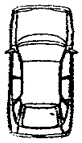
IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 23/11/2020 Date / Time : 23/11/2020

Registered in Merimen: 24/11/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : GBJ 7621K Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

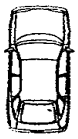
Excess Sec II :S$ D.O.A : 17/11/2020 05:05 Place of Accident : BLK 682 HOUGANG AVE 4 C/P

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

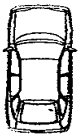
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

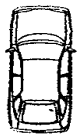
SHD 62E → → →



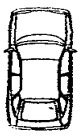
INSRS:
WSP:
Tel :
Liability : TRANS-CAB AUTO
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SHD 62E - CC3/ASM18016647/Kga3q2 ; 07/09/2018	**STAGE** **DATE / PIC**
	CC3/III16012042/Kha3q2 ; 25/06/2016	Non-Reporting ltr (1st):
	CC3/III19015801/Kga3q2 ; 02/09/2019	Non-Reporting ltr (2nd):
	CS/TP20008660/Kqf3e2 ; 04/08/2020	Non-Reporting ltr (Final):
	GBJ 7621K - X	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:
Repair Cost: L/S	S$ 2,800.00 (1 days) Reduction: $23,427.86 % 89		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 16/07/2021	Confirm with WAI YIN	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 2,996.00	W/GST	
Loss of Rental (LOR):	S$ 294.94 (2 days)	x $147.47	(OI trying to overtake TPV from the right and travelling against the traffic flow that caused this accident.)
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI):	S$ 100.00 ($ 50 x 2 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: $320.00
Total:	**S$** 3,398.39	**Global Sum S$:**	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐
Payee 1:	S$ 3,398.39	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:	