15/5/2010

CC4/III20013689/Kba3

INS. CASE OWNER:

ASSIGNMENT

Surveyor: **KENNETH**   DOI: **10/12/2020**   Date / Time : **10/12/2020**

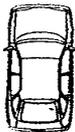Registered in Merimen: **10/12/2020**

Pre-assign / CCU / FTE

Insured Vehicle No. : **GBK 3744K**   Claim No. :

Name of Insured :   Policy No. :

Insured Tel No. :   HP: Make / Model :

Excess Sec II :S$ D.O.A : **08/12/2020** 1310   Place of Accident : **FARRER ROAD TOWARDS HOLLAND 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**

SHF 718L →   →   →

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

Date/ Time		STAGE	DATE / PIC
	SHF 718L - NA/AIG20007493/h4 ; 20/07/2020	Non-Reporting ltr (1st):	
	NA/LIP19003776/z4 ; 21/02/2019	Non-Reporting ltr (2nd):	
	GBK 3744K - X	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:		

22/03/2021   **SETTLED AND CLOSED / NO PHY FILE**

PRELIMINARY ADVICE Date/Time: Sent By:

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: **L/S** S$ **4,650.00** (**4** days) Reduction: **76.46** %   Email [ ] Call [ ]

FINAL SETTLEMENT Date/Time: **19/03/2021** Confirm with: **WAI YIN**   Email [✓] Call [ ]

Final Liability:	% **100** (Agreed / Assessed) BOLA S/N No. : **28**	If NO or B 28, Ass. Lia : **100**
Repair Cost: **(W/GST)**	S$ **4,975.50**	
Loss of Rental (LOR):	S$ **567.91** (**7** days) x **$81.13**	
Loss of Use (LOU):	S$ ($ x days)	
Loss of Income (LOI):	S$ **280.00** ($ **40** x **7** 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$ **5,830.90** Global Sum S$: **5,830.00**	3) Survey fee: **$600.00**
Total:	**S$ 5,830.90** **Global Sum S$: 5,830.00**	

FINAL PAYMENT Date/Time: Confirm with: Email [ ] Call [ ]

Payee 1:	S$ **5,830.00**	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: