15/5/2010

INS. CASE OWNER: CC4/ASM20013731/Ags3

LKK:

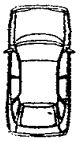
IDAC:

ASSIGNMENT

Surveyor: Adrian DOI: 11/12/2020 Date / Time : 11/12/2020

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 5767C Claim No. :

Name of Insured : TRANS-CAB SERVICES PTE LTD Policy No. :

Insured Tel No. : HP: Make / Model :

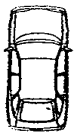
Excess Sec II :S$ D.O.A : 11/12/2020 Place of Accident :

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

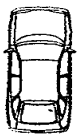
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

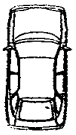
SJK 3074R → → →



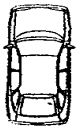
INSRS:
WSP: SM AUTOMOTIVE
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SJK 3074R : X
	SHC 5767C : CS/LPC08007542/Uv ; DOA : 25/02/2008

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: REPAIR LIMIT S$ 11,000.00 (13 days) Reduction: $25,580.95 % 70 Email [ ] Call [ ]

FINAL SETTLEMENT Date/Time: 16/02/2021 Confirm with SUKYI Email [✓] Cal [ ]

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 0%
Repair Cost:	S$ 11,000.00	
Loss of Rental (LOR):	S$ (days)	C.C (OI 3RD)
Loss of Use (LOU):	S$ 1,360.00 ($ 80 x 17 days)	
Loss of Income (LOI):	S$ ($ x 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: $350.00
Total:	**S$** 12,367.45 **Global Sum S$:**	

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

Payee 1:	S$ 12,367.45	Name 1:	SM AUTOMOTIVE
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	