15/5/2010

INS. CASE OWNER: CC3/AIG20014480/Kga3

LKK:

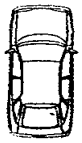
IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 04/12/2020 Date / Time : 04/12/2020

Registered in Merimen: 24/12/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : YP 7138K Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

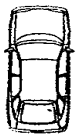
Excess Sec II :S$ D.O.A : 03/12/2020 Place of Accident : 8 HOUGANG AVE 8

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

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

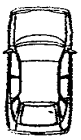
Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SHB 7883S →

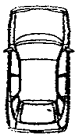


INSRS:
WSP:
Tel :
Liability :
RMKS:

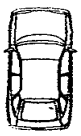
TRANS-CAB AUTO



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SHB 7883S - CC3/AIG13001964/Kpt2w2 ; 26/01/2013	**STAGE** **DATE / PIC**
	CC3/AXA15022339/Kpa3s2 ; 25/12/2015	Non-Reporting ltr (1st):
	CC3/EQI16008608/Kpa3s2 ; 05/05/2016	Non-Reporting ltr (2nd):
	CC3/FCI13023738/Ktm3u2 ; 21/10/2013	Non-Reporting ltr (Final):
	CC3/FCI16003590/K1gh3d1 ; 24/02/2016	Notification ltr (if non-pickup):
	CS/FCI13004570/Rvk3 ; 05/03/2013	Call OI:
	NBA/MSG15019781/e1 ; 19/11/2015	After call ltr to OI:
	YP 7138K - X	**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: P/P	S$ $8,840.23 (8 days) Reduction: $18,029.93 % 67		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 14/06/2021	Confirm with WAI YIN	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27		If NO or B 28, Ass. Lia :
Repair Cost:	S$ 9,459.05 W/GST		
Loss of Rental (LOR):	S$ 770.40 (8 days) x$96.30		
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI):	S$ 400.00 ($ 50 x 8 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: $320.00
Total:	**S$** 10,636.90	**Global Sum S$:**	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐
Payee 1:	S$ 10,636.90	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:	