15/5/2010

Surveyor:

Bennie Tan

CC3/AIG20000861/Kka3

LKK: IDAC:

INS. CASE OWNER:

ASSIGNMENT

KENNETH

DOI: 13/01/2020

13/01/2020 Date / Time:

14/01/2020 Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No.

SLR 5759A

Claim No.

4706334906SG

Name of Insured

POPULAR RENT A CAR PTE LTD

Policy No.

0999994047

Insured Tel No. Excess Sec II :S\$ HP: D.O.A: 05/01/2020 18:35 Make / Model : Place of Accident:

SOUTH BRIDGE ROAD

Is driver the owner?

(YES / NO)

Nature of Accident:

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

Insured Liability:

Final? Yes/No

SHD 5426G

INSRS:

WSP: TRANS-CAB

Tel: Liability: RMKS:



INSRS: WSP: Tel: Liability:

RMKS:

INSRS: WSP: Tel: Liability: RMKS:



INSRS: WSP: Tel: Liability: RMKS:

| Date/ Time | | STAGE DATE/PIC |
|--|---|---|
| | SHD 5426G - CC3/AIG13001690/Kpb3w2; DOA: 23/01/13 | SINGE |
| | SLR 5759A - X | Non-Reporting ltr (1st): Non-Reporting ltr (2nd): |
| | OINTR To a and out first letter File page to Sulli | Non-Reporting ltr (Final): |
| | OINR. To send out first letter. File pass to Su Li. | 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: |
| , | TO DID CTATED THAT ANOTHER VEHICLE (UNIVALONAL) | Towing Invoice |
| 14/12/2020 | TP PIR STATED THAT ANOTHER VEHICLE (UNKNOWN) WAS CHARGED OF CARELESS DRIVING BUT NOT OI. AIG INSTRUCT TO REJECT TP CLAIM. MR YEW TO CHOP + SIGN | LTA / GIA : |
| | | Medical Bill: |
| | | PIR: |
| | | Mandate/Reject Instruction: |
| | | LOD |
| | | Payment Breakdown Form: |
| | Cont Day | Post-Repair Photos: |
| PRELIMINARY ADVICE | Date/Time: Sent By: | Others: |
| | C C c | Confirm by: |
| FINALIZATION | Date/Time: Confirm with: | Email Call |
| Repair Cost: P/P | S\$ 60 (0.5 days) Reduction: 29,971.18 % 100 | Email Call |
| TINAL SETTLEMENT | Date/Time: 19/01/2021 Confirm with WAI YIN | If NO or B 28, Ass. Lia: |
| inal Liability: | 76 100 (Agreed / Assessed) BOLLY BITTER. | II NO 01 B 20, Ass. Lia . |
| Repair Cost: | \$\$ 64.20 W/GST \$\$ 56.18 (0.5 days) x \$112.35 | |
| oss of Rental (LOR): | 50 00.10 | |
| oss of Use (LOU): | S\$ (\$ x days) | |
| oss of Income (LOI): | \$\$ 25.00 (\$ 50 x 0.5 days) | |
| OR only LOU onl | | |
| GIA/LTA Search | 50 | 1) Claim status: Normal/Reject/Private Settle |
| Aedical: | S\$ | 2) Report Format: TP |
| Disbursement: | S\$ (e.g. Tow/ Independent) | 3) Survey fee: \$0 |
| egal Cost | S\$ | 3) Survey Icc. |
| Fotal: | S\$ 152.83 Global Sum S\$: 150.00 | Email Call |
| FINAL PAYMENT | Date/Time: Confirm with: | |
| Payee 1: | S\$ 150.00 Name 1: TRANS-CAB AUTO SERVICES F | PTE LTD |
| The state of the s | SS Name 2: | |
| Payee 2: (Strike if N.A.) | S\$ Name 2: | |

| ASS. REC. BY: | 60/10/6 |
|--|--|
| Kenneth | SSIGNMENT |
| From: Date: | Veh No: 5/10 34266 Yr Regn: 10, 18 |
| Estimated Cost: | Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxl / Prime Mover / |
| OD /TP/WS/TP RES/OD RES/EVA/INV/MV | Truck / Trailer or |
| To Inspect Vehicle No: | Make: T A A) |
| at Workshop m/s Trans Cab | C.C / FY |
| of | - Insured / Std / NI / NA |
| Insured: | Sp.Reading 130.301 T/Radio: Insured / Std / NI / NA Eng/No: |
| Policy No. | man Committee Co |
| Claims No. | - 3 3 5 6 3 0 3 0 7 3 6 7 0 |
| Sum Insured: Excess: | Gen. Cond: Good / Fair / Poor / Burnt |
| (Client's Record) | Steering: Inorder / Jammed / Leaked / Burnt or |
| Make of Veh: | Brake: Inorder / Jammed / Leaked / Burnt or |
| | Modi: Nil / S/Rim / STD AGRIM or |
| (Policy Condition) | Tyre Size: F: 185/65R15 |
| Remark: The veh had commenced its N/S O/S | R: |
| repair at the time of inspection. | BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / |
| Bal. or Market Value: | TOYO/YOKO or Giz. |
| IDAC Accident Rport: Consistent? : Yes or No | Eront Rear |
| GIA / PR Seen: Consistent?: Yes or No | R/Bal. 9 mm R/Bal. mm |
| Est. Repairs: 1/2 days Res.: Yes or No | UBal. 9 mm UBal. 1 mm |
| Lum Sum: 1. 1. 1/4 3 Val.: Yes or No | D.O.A. 5/1/20 D.O.I. 13/1/2020 |
| | Survey held at |
| CA / REV / REP. / 24 HRS | Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or |
| Date:Person Contacted: Vehicle: IN / OUT | 015187 |
| Date / Time Action / Instruction | The U/C / Chassis frame / Body Structure affected due to collision. |
| | |
| & 60h | |
| | |
| | |
| | |
| | |
| | |
| Date/Time, File Pass to? | |
| Prell. Report Da | sys Of Repair: |
| Outs/Time, File Return to? | survey No. of Trip; Survey Fee: |
| | Transportation: |
| Add Fee: | : Site Insp (\$)s - Rssi |
| | : Interview (\$) Fixe-iss |
| Report Format : | Tech Invs (\$) Others |
| Lump Sum / I.B.I: (S | Weekend (\$ |
| 35 Yes 57 O 1 To 1 | |
| | TOTAL |