15/5/2010

INS. CASE OWNER: CC4/III21003765/Kps3

LKK:

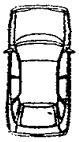
IDAC:

ASSIGNMENT

Surveyor: Kenneth DOI: 23/03/2021 Date / Time : 23/03/2021

Registered in Merimen: 23/03/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : GBH 5414R Claim No. :

Name of Insured : CFI TRANSPORT PTE LTD Policy No. :

Insured Tel No. : HP: Make / Model :

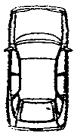
Excess Sec II :S$ D.O.A : 22/03/2021 Place of Accident :

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

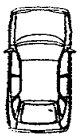
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

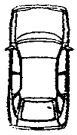
SHD 106M → → →



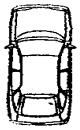
INSRS:
WSP: TRANS-CAB
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	SHD 106M : NA/CTI20007195/z4 ; DOA : 09/07/2020	**STAGE**	**DATE / PIC**
	GBH 5414R : X	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	
27/05/2021	Pls refer to VIEWS for details.	**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/sum	S$ 2,600.00 (2.5 days) Reduction: 77 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 27/05/2021	Confirm with Wai Yin	Email ☑ Cal ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 13(b)		If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 2,782.00		
Loss of Rental (LOR):	S$ 290.97 (3 days) x $96.99		
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI):	S$ 120.00 ($ 40 x 3 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: $500.00
Total:	**S$** 3,200.42	**Global Sum S$:** 3,200.00	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Cal ☐
Payee 1:	S$ 3,200.00	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:	