15/5/2010

INS. CASE OWNER: TEO Kitty 6568804602

CS3/ASM20014094/Bga3e2-1

LKK:

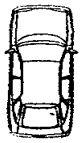
IDAC: 191185

ASSIGNMENT

Surveyor: MR .LIM DOI: 17/12/2020 Date / Time : 15/12/2020

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SHD 233D

Name of Insured : TRANS-CAB SERVICES PTE LTD

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 10/12/2020 17:11

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

If **NO**, Driver Name / Age : SEE BOON POH

Driver Tel No. : (V/L: YES / NO)

Claim No. : S0M02YWB

Policy No. : P2413997

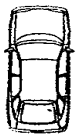
Make / Model : Renault LATITUDE 2.0L DCI AUTO D/AB

Place of Accident : JUNCTION OF SENGKANG WEST WAY AND FERNVALE ROAD

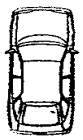
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No**

SHD 233D → SLD 2782A → SJY1201E →

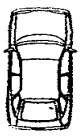


INSRS:
WSP:
Tel :
Liability :
RMKS: OI



INSRS:
WSP: AUTO MEGA MALL PTE. LTD.
Tel :
Liability :
RMKS: TP

INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SLD 2782A - X
	SHD 233D - NA/INC09026382/c2 ; 22.11.2009

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: L/S S$ 4,000.00 (5 days) Reduction: $11,649.60 % 74 Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 16/06/2021 Confirm with JOHNATHAN Email ☑ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 100%
Repair Cost:	S$ 4,000.00	
Loss of Rental (LOR):	S$ 600.00 (6 days) x $100.00	
Loss of Use (LOU):	S$ ($ x days)	C.C (OI LAST)
Loss of Income (LOI):	S$ ($ x 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$ ~~120.00~~ (e.g. Tow / Independent)	2) Report Format: TP
Legal Cost	S$	3) Survey fee: $250.00
Total:	S$ ~~4,727.45~~ 4,607.45 **Global Sum S$:**	

FINAL PAYMENT Date/Time: Confirm with: Email ☑ Call ☐

Payee 1:	S$ ~~4,727.45~~ 4,607.45	Name 1:	AUTO MEGA MALL PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	