15/5/2010

INS. CASE OWNER: CC3/CTI21005720/Kra3

LKK:

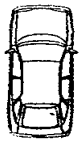
IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 10/05/2021 Date / Time : 10/05/2021

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : GBG 6984K Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

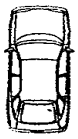
Excess Sec II :S$ D.O.A : 06/05/2021 18:15 Place of Accident :

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

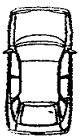
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

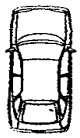
SHB 9999D → → →



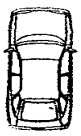
INSRS:
WSP: TRANS-CAB
Tel :
Liability : AUTO
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SHB 9999D - CC3/AIG07000522/Kts ; 16/08/2007	
	CC3/AIG07001661/KDh ; 01/10/2007	
	CC3/AIG09019614/Dwq1 ; 27/08/2009	
	CC3/AIG10003766/Un1jk2 ; 21/02/2010	
	CC3/III15005577/Kpe3q2 ; 29/03/2015	
	CC3/LIP09012869/Zvn ; 02/01/2009	
	CC3/TMI19019392/Kvf3n2 ; 27/10/2019	
	CC4/AXA15010200/K1ua3q2 ; 17/06/2015	
	NA/INC09021176/c2 ; 21/09/2009	
	NBA/INC15000196/Y ; 05/01/2015	
	GBG 6984K - CC4/ASM20014204/Uga3q2 ; 19/12/2020	
	NA/CTI20014170/h4 ;19/12/2020	

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: P/P S$ 7,946.15 (5 days) Reduction: 50 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 31/12/2021 Confirm with WAIYIN Email ☑ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 8,502.38	
Loss of Rental (LOR):	S$ 1,103.94 (9 days) x $122.66	
Loss of Use (LOU):	S$ ($ x days)	
Loss of Income (LOI):	S$ 450.00 ($ 50 x 9 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: 400.00
Total:	**S$** 10,063.77 **Global Sum S$:**	

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

Payee 1:	S$ 10,063.77	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:	