15/5/2010

INS. CASE OWNER: CC3/III21006023/Kbs3

LKK:

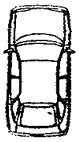
IDAC:

ASSIGNMENT

Surveyor: Kenneth DOI: 19/05/2021 Date / Time : 20/05/2021

Registered in Merimen: 20/05/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : SHD 2490P Claim No. :

Name of Insured : PRIME CAR RENTAL & TAXI SERVICES PTE LTD Policy No. :

Insured Tel No. : HP: Make / Model :

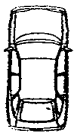
Excess Sec II :S$ D.O.A : 15/05/2021 Place of Accident :

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

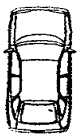
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

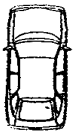
SHC 5781K → → →



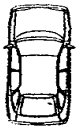
INSRS:
WSP: TRANS-CAB
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHC 5781K : CC3/CTI18004160/Khb3s2 ; DOA : 28/02/2018
	SHD 2490P : X
22/07/2021	SETTLED AND CLOSED / NO PHY FILE

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$ 2,900.00 (3 days) Reduction: 82.48 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 16/07/2021 Confirm with WAI YIN Email ✓ Cal ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 15	If NO or B 28, Ass. Lia :	
Repair Cost: (W/GST)	S$ 3,103.00		
Loss of Rental (LOR):	S$ 243.39 (3 days) X $81.13		
Loss of Use (LOU):	S$ ($ 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:	$600.00
Total:	**S$** 3,473.84 **Global Sum S$:** 3,400.00		

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

Payee 1:	S$ 3,400.00	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:	