15/5/2010

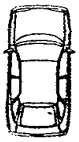
INS. CASE OWNER: ~~CC4/ASM21006926/Ubs3~~ | LKK: | IDAC:

ASSIGNMENT CC4/ASM21006926/Upa3

Surveyor: Marcus DOI: 23/06/2021 Date / Time : 22/06/2021

Registered in Merimen: –

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 5136Z Claim No. : S1M03AMW

Name of Insured : TRANS-CAB SERVICES PTE LTD Policy No. :

Insured Tel No. : HP: Make / Model :

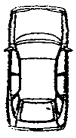
Excess Sec II :S$ D.O.A : 21/05/2021 Place of Accident :

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

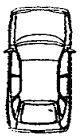
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

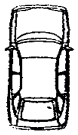
GBE 6247R → → →



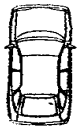
INSRS:
WSP: FASTECH
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	GBE 6247R : CC6/CTI19005010/Uka3n2 ; DOA: 17/03/2019
	SHC 5136Z : CC3/FCI15002664/Kqbk3 ; DOA : 17/07/2014

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/sum S$ 2,700.00 (3 days) Reduction: 73 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 15/07/2022 Confirm with Shi Ying Email ☑ Cal ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 2,889.00	
Loss of Rental (LOR):	S$ 320.00 (4 days) x$80.00	
Loss of Use (LOU):	S$ ($ x days)	
Loss of Income (LOI):	S$ ($ x days)	
LOR only ☑ LOU only ☐ LOR + LOU ☐ LOR + LO ☐ [**Tick only one**]		
GIA/LTA Search	S$	
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: $350.00
Total:	**S$** 3,209.00 **Global Sum S$:** 3,100.00	

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

Payee 1:	S$ 3,100.00	Name 1:	Fastech Auto Pte Ltd
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	