15/5/2010

INS. CASE OWNER: CC4/ASM21007078/Ugs3

LKK:

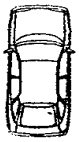
IDAC:

ASSIGNMENT

Surveyor: Marcus DOI: 28/06/2021 Date / Time : 28/06/2021

Registered in Merimen: –

Pre-assign / CCU / FTE



Insured Vehicle No. : SHD 9462A Claim No. :

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

Insured Tel No. : HP: Make / Model :

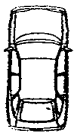
Excess Sec II :S$ D.O.A : 23/06/2021 Place of Accident :

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

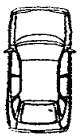
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

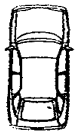
GBD 2984C → → →



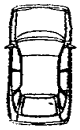
INSRS:
WSP: FASTECH
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	GBD 2984C : X	**STAGE** **DATE / PIC**
	SHD 9462A : CS/AGI21005240/Ktf3n2 ; DOA : 24/04/2021	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:
PRELIMINARY ADVICE Date/Time:	Sent By:	Post-Repair Photos:
		Others:

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: L/S	S$ $3,500.00 (3 days)	Reduction: $6,324.40 % 64	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 29/09/2021	Confirm with SHI YING	Email ☑ Cal ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 3,745.00	W/GST	
Loss of Rental (LOR):	S$ (days)		TP TURNING RIGHT, OI OVERTAKE TP ON THE RIGHT (OPP DIRECTION LANE) AND COLLIDED INTO EACH OTHER.
Loss of Use (LOU):	S$ 255.00 ($ 85 x 3 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: $350.00
Total:	**S$** 4,000.00	**Global Sum S$:**	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Cal ☐
Payee 1:	S$ 4,000.00	Name 1:	FASTECH AUTO PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	