15/5/2010

INS. CASE OWNER: CC3/AIG21007151/Kga3

LKK:

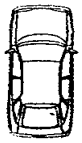
IDAC:

ASSIGNMENT

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

Registered in Merimen: 28/06/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : SLX 2898U Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

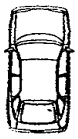
Excess Sec II :S$ D.O.A : 24.06.2021 19:55 Place of Accident : Junction of Carpmael Road and Marshall Lane

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

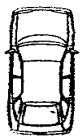
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

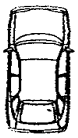
SHC 5682M → → →



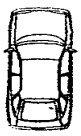
INSRS:
WSP: TRANS CAB
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SHC 5682M - CC3/AIG09027033/Dn1q1g1; 27/11/2009	Non-Reporting ltr (1st):	
	CC3/AIG11023413/Ka2a3y; 13/11/2011	Non-Reporting ltr (2nd):	
	CC3/AIG16008762/Kwa3q2; 09/05/2016	Non-Reporting ltr (Final):	
	CC4/ASM19000339/T1gb3q2; 21/12/2018	Notification ltr (if non-pickup):	
	CS3/FCI13024618/Pqm3d1; 25/12/2013	Call OI:	
	SLX 2898U - X	After call ltr to OI:	
		Documentation Check List:	**Handler** / **Typist**
		Notification ltr (if non-pickup)	☐ ☐
	TPV: TOYOTA PRIUS (1798cc)	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: P/P	S$ $19,993.68 (10 days) Reduction: $7,836.28 % 28		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 13/01/2022	Confirm with WAI YIN	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 4b		If NO or B 28, Ass. Lia :
Repair Cost:	S$ 21,393.24 W/GST		
Loss of Rental (LOR):	S$ 1,251.90 (13 days) x $96.30		
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI):	S$ 650.00 ($ 50 x 13 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: $320.00
Total:	**S$** 23,302.59	**Global Sum S$:** 23,300.00	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐
Payee 1:	S$ 23,300.00	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:	