15/5/2010

INS. CASE OWNER: CC3/AIG21007255/Kpa3

LKK:

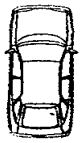
IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 01/07/2021 Date / Time : 01/07/2021

Registered in Merimen: 02/07/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : GBE 1888Z Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

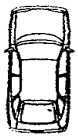
Excess Sec II :S$ D.O.A : 28/06/2021 16:25 Place of Accident : 509A YISHUN AVENUE 4, SINGAPORE

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

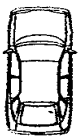
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

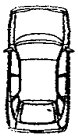
SHB 9755R → → →



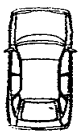
INSRS:
WSP: TRANS-CAB
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SHB 9755R - CC3/AIG12005875/Ka2a3q2; 24/11/2011	Non-Reporting ltr (1st):	
	CC3/CAI13007745/Kqu2 ; 01/03/2013	Non-Reporting ltr (2nd):	
	CC3/TMI18013300/Ksd3e2 ; 19/07/2018	Non-Reporting ltr (Final):	
	CS/RSI09028542/Dbh; 20/12/2009	Notification ltr (if non-pickup):	
	NA/INC19000543/k4; 04/11/2018	Call OI:	
	GBE 1888Z - X	After call ltr to OI:	
		Documentation Check List:	**Handler** / **Typist**
		Notification ltr (if non-pickup)	
27/09/2021	Pls refer to VIEWS for details.	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$ 2,367.83 (5 days) Reduction: 87 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 27/09/2021 Confirm with Wai Yin Email ☑ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 2,533.58	
Loss of Rental (LOR):	S$ 529.65 (5.5 days) x S$96.30	
Loss of Use (LOU):	S$ ($ x days)	
Loss of Income (LOI):	S$ 275.00 ($ 50 x 5.5 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: $320.00
Total:	**S$** 3,345.68 **Global Sum S$:** 3,300.00	

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

Payee 1:	S$ 3,300.00	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:	