15/5/2010

INS. CASE OWNER: CC3/CTI21007856/Kea3

LKK:

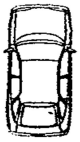
IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 21/07/2021 Date / Time : 21/07/2021

Registered in Merimen: ———

Pre-assign / CCU / FTE



Insured Vehicle No. : SJY 18A Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

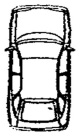
Excess Sec II :S$ D.O.A : 14/07/2021 19:03 Place of Accident : ALONG TOA PAYOH LORONG 4 JUNCTION OF LORONG 5

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

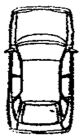
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

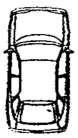
SHB 9755R → → →



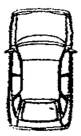
INSRS:
WSP: TRANS-CAB
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SHB 9755R - CC3/AIG12005875/Ka2a3q2; 24/11/2011 CC3/AIG21007255/Kpa3 ; 28/06/2021 CC3/CAI13007745/Kqu2; 01/03/2013 CC3/TMI18013300/Ksd3e2; 19/07/2018 CS/RSI09028542/Dbh ; 20/12/2009 NA/INC19000543/k4; 04/11/2018 SJY 18A - CS/AWA16010138/b ; 24.05.2016	

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: KSC

Repair Cost: P/P S$ 1,995.05 (2 days) Reduction: 88 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 08.09.21 Confirm with WAI YIN Email ☐ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 15	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 2,134.70	OI CHANGED LANE HIT TP
Loss of Rental (LOR):	S$ 144.45 (1.5 days) X $96.30	
Loss of Use (LOU):	S$ - ($ x days)	
Loss of Income (LOI):	S$ 75.00 ($ 50 x 1.5 days)	
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☑ [**Tick only one**]		
GIA/LTA Search	S$ 7.49	
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: $400
Total:	**S$** 2,361.64 **Global Sum S$:** 2,360.00	

FINAL PAYMENT Date/Time: 08.09.21 Confirm with: WAI YIN Email ☐ Call ☐

Payee 1:	S$ 2,360.00	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:	