15/5/2010

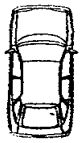
INS. CASE OWNER: NG Stacey | CC4/ASM21007982/Uba3 | LKK: IDAC: 221592

ASSIGNMENT

Surveyor: MARCUS DOI: 27/07/2021 Date / Time : 27/07/2021

Registered in Merimen: ——

Pre-assign / CCU / FTE



Insured Vehicle No. : SHB 9531U Claim No. : S1M03EBM

Name of Insured : TRANS-CAB SERVICES PTE LTD Policy No. : P2413997

Insured Tel No. : HP: Make / Model : TOYOTA PRIUS

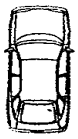
Excess Sec II :S$ D.O.A : 24/07/2021 13:40 Place of Accident : Along upper Serangoon rd

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

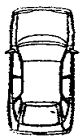
If **NO**, Driver Name / Age : PANG YAN SAN OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

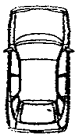
GBB 7351G → → →



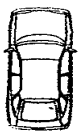
INSRS:
WSP: Zero Gravity
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	GBB 7351G - CC3/AIG10012240/Dn1b3y; 18/06/2010	Non-Reporting ltr (1st):	
	NA/TMI12018216/s2; 18/09/2012	Non-Reporting ltr (2nd):	
	SHB 9531U - CC3/FCI16011793/Kth3d1; 22/06/2016	Non-Reporting ltr (Final):	
	CC3/TMI14009000/Kgbd1; 12/05/2014	Notification ltr (if non-pickup):	
	CC3/TMI15006772/Kgy3k3; 18/04/2015	Call OI:	
	NBA/INC14016033/e1; 20/08/2014	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	☐ ☐
21/09/2021	SETTLED AND CLOSED / NO PHY FILE	LTA / GIA :	✓ ☐
		Medical Bill:	☐ ☐
		PIR:	☐ ☐
		Mandate/Reject Instruction:	✓ ☐
		LOD	✓ ☐
		Payment Breakdown Form:	☐
PRELIMINARY ADVICE	Date/Time: Sent By:	Post-Repair Photos:	☐ ☐
		Others: GIRO FORM	✓ ☐

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: L/S	S$ 5,250.00 (5 days) Reduction: 58.80 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 14/09/2021 Confirm with TIFFANY		Email ✓ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27		If NO or B 28, Ass. Lia :
Repair Cost:	S$ 5,250.00		
Loss of Rental (LOR):	S$ (days)		
Loss of Use (LOU):	S$ 700.00 ($100 x 7 days)		
Loss of Income (LOI):	S$ ($ x 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: $350.00
Total:	**S$** 5,957.45 **Global Sum S$:** 5,900.00		
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 5,900.00	Name 1: ZERO GRAVITY	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	