15/5/2010

INS. CASE OWNER:

CC3/CTI21008908/Kea3

LKK:

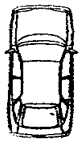
IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 23/08/2021 Date / Time : 23/08/2021

Registered in Merimen: ——

Pre-assign / CCU / FTE



Insured Vehicle No. : GBH 1227R Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

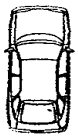
Excess Sec II :S$ D.O.A : 20/08/2021 14:40 Place of Accident : SLE TOWARDS TPE NEAR MANDAI

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

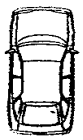
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

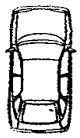
SHD 5322Y → → →



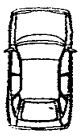
INSRS:
WSP: TRANS-CAB
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	SHD 5322Y - CC3/AIG10020434/Kn1k2g1; 10/10/2010	**STAGE**	**DATE / PIC**
	CC3/AIG15017302/Kpa3q2; 08/10/2015	Non-Reporting ltr (1st):	
	CS/AGI20001903/Kqd3n2; 24/01/2020	Non-Reporting ltr (2nd):	
	NA/FWD20006842/h4; 27/06/2020	Non-Reporting ltr (Final):	
	GBH 1227R - X	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: KSC
Repair Cost: P/P	S$ 2,040.78 (2 days) Reduction: 82 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 12.11.21	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$ 2,183.63		OID CHANGED LANE HIT TP
Loss of Rental (LOR):	S$ 510.39 (4.5 days) X $113.42		
Loss of Use (LOU):	S$ - ($ x days)		
Loss of Income (LOI):	S$ 225.00 ($ 50 x 4.5 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: $400
Total:	**S$** 2,926.47	**Global Sum S$:** 2,900.00	
FINAL PAYMENT	Date/Time: 12.11.21	Confirm with: WAI YIN	Email ☐ Call ☐
Payee 1:	S$ 2,900.00	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:	