15/5/2010

INS. CASE OWNER:

CC3/AIG21008918/Kea3

LKK:

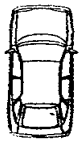
IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 24/08/2021 Date / Time : 24/08/2021

Registered in Merimen: 25/08/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : SJG 3003S Claim No. : 9449305903SG

Name of Insured : Policy No. : 1700018258

Insured Tel No. : HP: Make / Model :

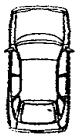
Excess Sec II :S$ D.O.A : 23.08.2021 11:45 Place of Accident :

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

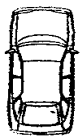
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

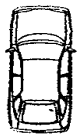
SHD 81A → → →



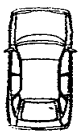
INSRS:
WSP: TRANS CAB
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SHD 81A - CC3/AIG18019224/Kjb3q2; 18/10/2018 CC3/CTI19007312/Khb3s2; 23/04/2019 CC3/TMI20008343/Ktf3e2; 10/08/2020 ~~CC4/AIG08017307/KDn ; 29/05/2008~~ ~~CC4/AIG09002742/DDpn; 07/02/2009~~ ~~NA/AIG14017064/r3; 04/09/2014~~ ~~NBA/CTI19007239/Y; 23/04/2019~~	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**
	SJG 3003S - NA/INC09016401/w1 ; 22.07.2009	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: L/S	S$ 1,150.00 (2 days)	Reduction: 86 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 06.07.22	Confirm with WAIYIN	Email ☐ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 1,230.50	OID REAR ENDED TP	
Loss of Rental (LOR):	S$ 242.48 (2.5 days)	x $96.99	
Loss of Use (LOU):	S$ - ($ x days)		
Loss of Income (LOI):	S$ 125.00 ($ 50 x 2.5 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: $320
Total:	**S$** 1,605.43	**Global Sum S$:** 1,600.00	

FINAL PAYMENT	Date/Time: 06.07.22	Confirm with: WAIYIN	Email ☐ Call ☐
Payee 1:	S$ 1,600.00	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:	