15/5/2010

INS. CASE OWNER:

CC3/CTI21008921/Kba3

LKK:

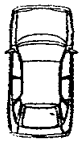
IDAC:

ASSIGNMENT

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

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SLL 203B Claim No. :

Name of Insured : Policy No. :

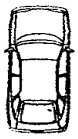
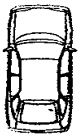
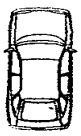
Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 23/08/20221 02:15 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**

SLL 203B →	SHF 761K →	SLV 9339G →	
	 		
INSRS:	INSRS:	INSRS:	INSRS:
WSP:	WSP: TRANS CAB	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS: OI	RMKS: TP	RMKS:	RMKS:

Date/ Time		STAGE	DATE / PIC
	SHF 761K - CC3/LCR18016422/Kpb3q2; 05/09/2018	Non-Reporting ltr (1st):	
	CC3/LPC17013387/Kua3s2; 06/07/2017	Non-Reporting ltr (2nd):	
	CC4/ASM18000353/Kja3s2; 01/01/2018	Non-Reporting ltr (Final):	
	CS/FCI18012575/Ktbn2; 08/07/2018	Notification ltr (if non-pickup):	
	SLL 203B - X	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: L/S S$ 11,550.00 (8 days) Reduction: 68 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 07.01.22 Confirm with WAI YIN Email ☐ Call ☐

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 28 If NO or B 28, Ass. Lia : 100%

Repair Cost: w/GST S$ 12,358.50 3VEH CC OID LAST

Loss of Rental (LOR): S$ 1,135.82 (14 days) x $81.13

Loss of Use (LOU): S$ - ($ x days)

Loss of Income (LOI): S$ 700.00 ($ 50 x 14 days)

LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☑ [**Tick only one**]

GIA/LTA Search S$ 7.45

Medical: S$ -

Disbursement: S$ - (e.g. Tow/ Independent)

Legal Cost S$ -

1) Claim status: Normal/~~Reject/Private Settle~~

2) Report Format: TP

3) Survey fee: $400

Total: **S$** 14,201.77 **Global Sum S$:** 14,200.00

FINAL PAYMENT Date/Time: 07.01.22 Confirm with: WAI YIN Email ☐ Call ☐

Payee 1:	S$ 14,200.00	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:	