15/5/2010

INS. CASE OWNER: ~~CC3/AIG21009668/Kba3~~

LKK:

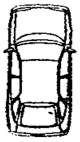
IDAC:

ASSIGNMENT CC3/AIG21009668/Kea3

Surveyor: KENNETH DOI: 14/09/2021 Date / Time : 14/09/2021

Registered in Merimen: 15/09/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : SKJ 7323P Claim No. : 4636562459SG

Name of Insured : Policy No. : 7210071766

Insured Tel No. : HP: Make / Model :

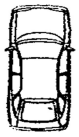
Excess Sec II :S$ D.O.A : 12/09/2021 16:45 Place of Accident :

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

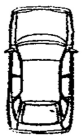
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

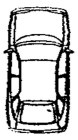
SHC 5661Z → → →



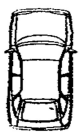
INSRS:
WSP: TRANS CAB
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHC 5661Z - CS/TP11014573/Kcn ; 10.02.2011
	SKJ 7323P - X

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$ 2,663.30	(2 days) Reduction: 78 %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 17.02.22	Confirm with WAIYIN	Email ☐ Call ☐	
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :	
Repair Cost: w/GST	S$ 2,849.73	OID HIT TP PARKED VEH		
Loss of Rental (LOR):	S$ 340.26	(3 days) x $113.42		
Loss of Use (LOU):	S$ -	($ x days)		
Loss of Income (LOI):	S$ 150.00	($ 50 x 3 days)		
LOR only ☐ LOU only ☐	LOR + LOU ☐	LOR + LOI ☑ [**Tick only one**]		
GIA/LTA Search	S$ 7.48			
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: $320	
Total:	**S$** 3,347.47	**Global Sum S$:** 3,340.00		
FINAL PAYMENT	Date/Time: 17.02.22	Confirm with: WAIYIN	Email ☐ Call ☐	
Payee 1:	S$ 3,340.00	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:		