15/5/2010

INS. CASE OWNER:

CC3/AIG21010034/T1ga3

LKK:

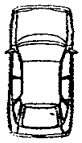
IDAC:

ASSIGNMENT

Surveyor: TAUFIKH DOI: 17/09/2021 Date / Time : 17/09/2021

Registered in Merimen: 27/09/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : SMC 5528S Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

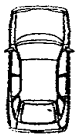
Excess Sec II :S$ D.O.A : 15/09/2021 11:05 Place of Accident : NEAR 11 HOLLAND RD, JUNCTION OF HOLLAND RD & DEMPSEY RD

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

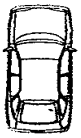
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

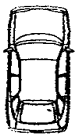
SHB 7602L → → →



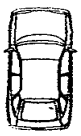
INSRS:
WSP:
Tel : TRANS-CAB
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	SHB 7602L - CC3/AIG11004358/Ka2b3q2; 04/03/2011	**STAGE**	**DATE / PIC**
	CC3/AIG21005505/Kga3q2; 03/05/2021	Non-Reporting ltr (1st):	
	SMC 5528S - X	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
	TPV: TOYOTA PRIUS - 1798cc	Call OI:	
		After call ltr to OI:	
		Documentation Check List:	**Handler** / **Typist**
	CLAIMAINT: TRANS-CAB SERVICES PTE LTD	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:
Repair Cost: P/P	S$ $2,055.25 (2 days) Reduction: $7,910.93 % 79		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 19/05/2022	Confirm with WAI YIN	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27		If NO or B 28, Ass. Lia :
Repair Cost:	S$ 2,199.12 W/GST		
Loss of Rental (LOR):	S$ 449.40 (4 days) x $112.35		
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI):	S$ 200.00 ($ 50 x 4 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: $320.00
Total:	**S$** 2,855.97	**Global Sum S$:**	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐
Payee 1:	S$ 2,855.97	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:	