15/5/2010

INS. CASE OWNER: CC4/LPC21010265/Kya3q2

LKK:

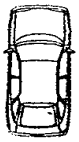
IDAC:

ASSIGNMENT

Surveyor: Kenneth DOI: 05/10/2021 Date / Time : 05/10/2021

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : GBF 6665L Claim No. :

Name of Insured : Hwa Koon Engineering Pte Ltd Policy No. :

Insured Tel No. : HP: Make / Model :

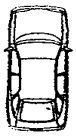
Excess Sec II :S$ D.O.A : 04/10/2021 Place of Accident :

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

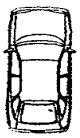
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

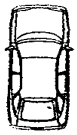
SMX 3266A → → →



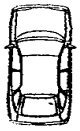
INSRS:
WSP: TRANS-CAB
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SMX 3266A : CC4/III21001266/Kps3q2 ; DOA : 23/01/2021	**STAGE** **DATE / PIC**
	GBF 6665L : CC4/III20006165/Aea3 ; DOA : 07/06/2020	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:
PRELIMINARY ADVICE Date/Time:	Sent By:	Post-Repair Photos:
		Others:

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: Part by Part	S$ 1,471.10 (2 days)	Reduction: 81 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 11/04/2023	Confirm with Wai Yin	Email ☑ Cal ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 28 (Ass.0%)	If NO or B 28, Ass. Lia :
Repair Cost: with GST	S$ 1,574.08		
Loss of Rental (LOR):	S$ 195.00 (3 days)	@$65	
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI):	S$ 150.00 ($ 50 x 3 days)		
LOR only ☐ LOU only ☐	LOR + LOU ☐ LOR + LO ☑	[**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: $400
Total:	**S$** 1,926.53	**Global Sum S$:**	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Cal ☐
Payee 1:	S$ 1,926.53	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:	