15/5/2010

INS. CASE OWNER: CC4/III21011103/Kea3

LKK:

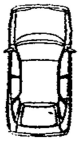
IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 29/10/2021 Date / Time : 29/10/2021

Registered in Merimen: 30/10/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : SHD 2432H Claim No. : MFL2021D0004704

Name of Insured : Policy No. : D20MFL0006372_01

Insured Tel No. : HP: Make / Model :

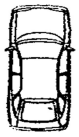
Excess Sec II :S$ D.O.A : 27/10/2021 17:33 Place of Accident : SENTOSA CASINO TAXI STAND

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

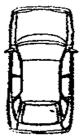
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

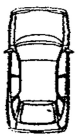
SHA 7989B → SHD 2432H → SHC 5961H →



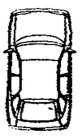
INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS: OI



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



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SHC 5961H - CS/FCI09020221/Dfg1 ; 28/08/2009 CS/FCI12005237/Uvn ; 24/02/2012 SHD 2432H - C	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$ 1,822.43 (2 days) Reduction: 88 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 14.02.22 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$ 1,950.00	OID REAR ENDED TP, REVERSED HIT VEH C	
Loss of Rental (LOR):	S$ 385.20 (4 days) X $96.30		
Loss of Use (LOU):	S$ - ($ x days)		
Loss of Income (LOI):	S$ 160.00 ($40 x 4 days)		
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☑ [**Tick only one**]			
GIA/LTA Search	S$ 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: $600
Total:	**S$** 2,502.64	**Global Sum S$:** 2,500.00	

FINAL PAYMENT Date/Time: 14.02.22 Confirm with: WAIYIN Email ☐ Call ☐

Payee 1:	S$ 2,500.00	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:	