15/5/2010

INS. CASE OWNER: CC4/III21011320/Kga3

LKK:

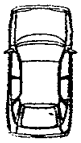
IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 05/11/2021 Date / Time : 05/11/2021

Registered in Merimen: 05/11/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : SNA 3712M Claim No. : MFL2021D0004800

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

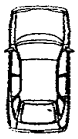
Excess Sec II :S$ D.O.A : 02/11/2021 2115 Place of Accident : 11 WOODLANDS AVE 6 CAR PARK

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

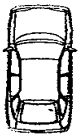
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

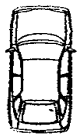
SHD 158M → → →



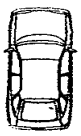
INSRS:
WSP: TRANS-CAB
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	SHD 158M - CC3/TMI15017544/Kvbn2; 13/10/2015	**STAGE**	**DATE / PIC**
	CS/AVI09011283/Dbr1; 19/05/2009	Non-Reporting ltr (1st):	
	NA/INC09011743/p1; 26/05/2009	Non-Reporting ltr (2nd):	
	SNA 3712M - X	Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	
		Documentation Check List:	**Handler** / **Typist**
	CLAIMANT - TRANS-CAB SERVICES PTE LTD	Notification ltr (if non-pickup)	
		After call ltr to OI:	
		Authorisation To Act:	
	TPV: RENAULT LATITUDE - 1995cc	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: L/S	S$ 2450.00 (2 days)	Reduction: 11,658.62 % 83	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 28/04/2022	Confirm with WAI YIN	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 23	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 2,621.50	W/GST	
Loss of Rental (LOR):	S$ 324.52 (4 days)	x $81.13	
Loss of Use (LOU):	S$ ($ 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: $500.00
Total:	**S$** 3,113.47	**Global Sum S$:**	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐
Payee 1:	S$ 3,113.47	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:	