15/5/2010

INS. CASE OWNER: CC3/AIG21011464/Kes3

LKK:

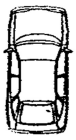
IDAC:

ASSIGNMENT

Surveyor: Kenneth DOI: 08/11/2021 Date / Time : 10/11/2021

Registered in Merimen: 10/11/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : SLP 697M Claim No. :

Name of Insured : SUBRAMANIAN GOPALKRISHNAN Policy No. :

Insured Tel No. : HP: Make / Model :

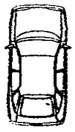
Excess Sec II :S$ D.O.A : 30/10/2021 Place of Accident :

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

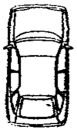
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

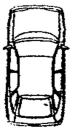
SHD 9910Z → → →



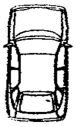
INSRS:
WSP: TRANS-CAB
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SHD 9910Z : CC3/TP18022130/Kha3q2 ; DOA : 06/12/2018	**STAGE** **DATE / PIC**
	SLP 697M : X	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: KSC
Repair Cost: P/P	S$ 1,960.28 (3 days)	Reduction: 78%	Email Call
FINAL SETTLEMENT	Date/Time: 07.01.22	Confirm with WAI YIN	Email Cal
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 2,097.50	OID REAR ENDED WHILE TURNING OUT	
Loss of Rental (LOR):	S$ 192.60 (2 days)	x $96.30	
Loss of Use (LOU):	S$ - ($ x days)		
Loss of Income (LOI):	S$ 100.00 ($ 50 x 2 days)		
LOR only	LOU only	LOR + LOU	LOR + LOI ✓ [**Tick only one**]
GIA/LTA Search	S$ 7.49		
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: $320
Total:	**S$** 2,397.59	**Global Sum S$:** 2,390.00	
FINAL PAYMENT	Date/Time: 07.01.22	Confirm with: WAI YIN	Email Cal
Payee 1:	S$ 2,390.00	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:	