15/5/2010

INS. CASE OWNER: CC3/AIG21011482/Kea3

LKK:

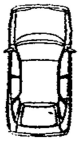
IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 09/11/2021 Date / Time : 09/11/2021

Registered in Merimen: 10/11/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : SMQ 8102T Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

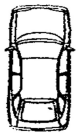
Excess Sec II :S$ D.O.A : 02/11/2021 19:10 Place of Accident : ANG MO KIO AVE 1 TOWARDS SERANGOON BEFORE LI HWAN DR

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

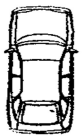
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

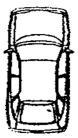
SHD 9801E → → →



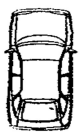
INSRS:
WSP: TRANS-CAB
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SHD 9801E - X SMQ 8102T - 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:		☐
Post-Repair Photos:	☐	☐
Others:	☐	☐

PRELIMINARY ADVICE Date/Time: Sent By:

FINALIZATION Date/Time: Confirm with: Confirm by: KSC

Repair Cost: P/P S$ 1,414.60 (2 days) Reduction: 89 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 17.05.22 Confirm with WAIYIN Email ☐ Call ☐

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27 If NO or B 28, Ass. Lia :

Repair Cost: w/GST S$ 1,513.62 OID REAR ENDED TP

Loss of Rental (LOR): S$ 144.45 (1.5 days) X $96.30

Loss of Use (LOU): S$ - ($ x days)

Loss of Income (LOI): S$ 75.00 ($ 50 x 1.5 days)

LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☑ [**Tick only one**]

GIA/LTA Search S$ 7.45

Medical: S$ -

Disbursement: S$ - (e.g. Tow/ Independent)

Legal Cost S$ -

1) Claim status: Normal/~~Reject/Private Settle~~

2) Report Format: TP

3) Survey fee: $320

Total: **S$ 1,740.52** **Global Sum S$:** 1,740.00

FINAL PAYMENT Date/Time: 17.05.22 Confirm with: WAIYIN Email ☐ Call ☐

Payee 1:	S$ 1,740.00	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:	