15/5/2010

INS. CASE OWNER: CC3/AIG21011650/Kea3

LKK:

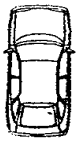
IDAC:

ASSIGNMENT

Surveyor: Kenneth DOI: 12/11/2021 Date / Time : 12/11/2021

Registered in Merimen: 15/11/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : SKW 9737Y Claim No. : 0061208919SG

Name of Insured : Tham Siew Mee Policy No. :

Insured Tel No. : HP: Make / Model :

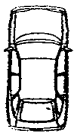
Excess Sec II :S$ D.O.A :10/11/2021 Place of Accident : Near 395A Bukit Batok West Ave 5

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

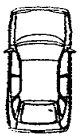
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

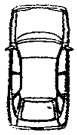
SHD 5993K → → → →



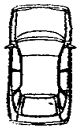
INSRS:
WSP: TRANS-CAB
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	SHD 5993K : NA/INC16019115/P ; DOA : 08/10/2016	**STAGE**	**DATE / PIC**
	SKW 9737Y : 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 :	
	CLAIMANT - TRANS-CAB SERVICES PTE LTD	Medical Bill:	
		PIR:	
	TPV: T.PRIUS - 1798cc	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$ $1,800.00 (2.5 days) Reduction: $14,860.25 % 89		Email Call
FINAL SETTLEMENT	Date/Time: 16/08/2022	Confirm with WAI YIN	Email ✓ Cal
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: W/GST	S$ 1,926.00		
Loss of Rental (LOR):	S$ 385.20 (4 days) x 96.30		
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI):	S$ 200.00 ($ 50 x 4 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: $320.00
Total:	**S$** 2,518.65	**Global Sum S$:** 2500.00	
FINAL PAYMENT	Date/Time: 30.08.22	Confirm with: WAIYIN	Email ✓ Cal

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:	