15/5/2010

INS. CASE OWNER: CC4/LPC21012272/Kpa3q2

LKK:

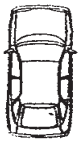
IDAC:

ASSIGNMENT

Surveyor: Kenneth DOI: 06/12/2021 Date / Time : 03/12/2021

Registered in Merimen: ——

Pre-assign / CCU / FTE



Insured Vehicle No. : GBC 8111X Claim No. : 21/21/21/VC00/025176

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

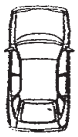
Excess Sec II :S$ D.O.A : 20.11.2021 11:45 Place of Accident :

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

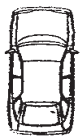
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

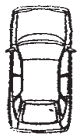
SHD 5965S → → →



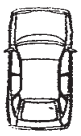
INSRS:
WSP: TRANS-CAB
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SHD 5965S - CC3/AIG19017701/Kka3q2; 02/10/2019	**STAGE** **DATE / PIC**
	CS/ASM21004659/Uqce2; 04/04/2021	Non-Reporting ltr (1st):
	CS/FCI14001668/Aqm3d1; 26/01/2014	Non-Reporting ltr (2nd):
	NA/CTI16002013/r3; 29/01/2016	Non-Reporting ltr (Final):
	NBA/LPC21011880/Y; 20/11/2021	Notification ltr (if non-pickup):
	GBC 8111X - CC6/AIG12009471/Usa3y ; 09/05/2012	Call OI:
	NBA/LPC21011880/Y ; 20/11/2021	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:
Repair Cost: L/sum	S$ 4,250.00 (2 days) Reduction: 63 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 04/03/2022	Confirm with Wai Yin	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 4,547.50		
Loss of Rental (LOR):	S$ 288.90 (3 days) x$96.30		
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI):	S$ 150.00 ($ 50 x 3 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: $400.00
Total:	**S$** 4,993.85	**Global Sum S$:** 4,950.00	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐
Payee 1:	S$ 4,950.00	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:	