15/5/2010

INS. CASE OWNER:

CC3/AIG21012440/Kga3

LKK:

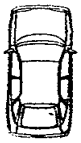
IDAC:

## ASSIGNMENT

Surveyor: KENNETH DOI: 07/12/2021 Date / Time : 07/12/2021

Registered in Merimen: 08/12/2021

**Pre-assign / CCU / FTE**



Insured Vehicle No. : SMW 9338S Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

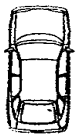
**Excess Sec II :S$** D.O.A : 03/12/2021 17:55 Place of Accident : BEACH ROAD TOWARDS GOLDEN MILE

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

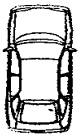
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

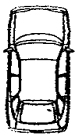
SHD 5358U → → →



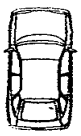
INSRS:
WSP: TRANS-CAB
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

| Date/ Time | | | |
|---|---|---|---|
| | SHD 5358U - CC3/AIG12002171/Ka2r1q2; 30/01/2012 | **STAGE** | **DATE / PIC** |
| | CC3/AXA13001059/Kv1f3y ; 13/01/2013 | Non-Reporting ltr (1st): | |
| | SMW 9338S - X | Non-Reporting ltr (2nd): | |
| | | Non-Reporting ltr (Final): | |
| | | Notification ltr (if non-pickup): | |
| | | Call OI: | |
| | CLAIMANT - TRANS-CAB SERVICES PTE LTD | After call ltr to OI: | |
| | | **Documentation Check List:** | **Handler** / **Typist** |
| | | Notification ltr (if non-pickup) | |
| | TPV: TOYOTA PRIUS - 1798cc | 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: P/P | S$ $1,965.80 ( 2 days) | Reduction: 15,000.15 % 88 | Email ☐ Call ☐ |
| **FINAL SETTLEMENT** | Date/Time: | Confirm with WAI YIN | Email ☑ Call ☐ |
| Final Liability: | % 100 (Agreed / Assessed) | BOLA S/N No. : 27 | If NO or B 28, Ass. Lia : |
| Repair Cost: | S$ 2,103.41 | W/GST | |
| 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 + 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: $320.00 |
| **Total:** | **S$** 2,696.06 | **Global Sum S$:** | |

| | | | |
|---|---|---|---|
| **FINAL PAYMENT** | Date/Time: | Confirm with: | Email ☑ Call ☐ |
| Payee 1: | S$ | 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: | |