15/5/2010

INS. CASE OWNER:

~~CC3/AIG21012440/Ka3~~
CC3/AIG21012440/Kpa3q2

LKK:

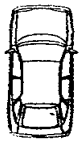
IDAC:

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 :

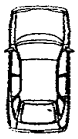
Excess Sec II :S$ D.O.A : 03/12/2021 17:55 Place of Accident : BEACH ROAD TOWARDS GOLDEN MILE

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

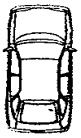
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

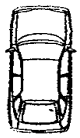
SHD 5358U → → →



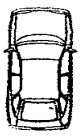
INSRS:
WSP: TRANS-CAB
Tel :
Liability :
RMKS:



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:
		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:	S$ 1,965.80 (2 days) Reduction: 80 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 17/10/2022 Confirm with MS JASMINE		Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27		If NO or B 28, Ass. Lia :
Repair Cost: WITH GST	S$ 2,103.41		
Loss of Rental (LOR):	S$ 433.35 (4.5 days) @$96.30		
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI):	S$ 225.00 ($ 4.5 x 50 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: $320.00
Total:	**S$** 2,769.21	**Global Sum S$:** 2,720.00	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐
Payee 1:	S$ 2,720.00	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:	