15/5/2010

INS. CASE OWNER: TAN Jas 6568804844

CC4/ASM20005206/Epa3q2-1

LKK:

IDAC: 167873

ASSIGNMENT

Surveyor: STEVE

DOI: 14/04/2020

Date / Time : 14/04/2020

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : SHD 5242U

Claim No. : S0M02LYA

Name of Insured : TRANS-CAB SERVICES PTE LTD

Policy No. : P2348706

Insured Tel No. : HP:

Make / Model : TOYOTA PRIUS 1.8

Excess Sec II :S$ 5,000.00

D.O.A : 09/04/2020 16:25

Place of Accident : LAVENDER STREET

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

If **NO**, Driver Name / Age : CHEW SOON KHENG

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : +65-97272129 (V/L: YES / NO)

Insured Liability : % **Final ? Yes / No**

GBA 1881M → → →

INSRS: MY CAR CONSULTANT
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	GBA 1881M - NA/INC20005135/z4; 09/04/2020
	- NS/INC17008400/H1vbn2 ; 26/04/2017
	SHD 5242U - CC3/FCI15013691/Ktbc2; 09/08/2015
	- NA/INC20005135/z4 ; 09/04/2020

STAGE	DATE / PIC
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:

Repair Cost: L/SUM S$ 3,000.00 (5 days) Reduction: 78 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 11/04/2023 Confirm with JACKSON Email ☑ Call ☐

Final Liability:	% 80 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost: $3,000.00	S$ 2,400.00	
Loss of Rental (LOR):	S$ (days)	
Loss of Use (LOU) 500.00	S$ 400.00 ($100 x 5 days)	
Loss of Income (LOI):	S$ ($ x 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: $350.00 - $250.00 = $100.00
Total:	**S$** 2,807.45 **Global Sum S$:**	

FINAL PAYMENT Date/Time: Confirm with: Email ☑ Call ☐

Payee 1:	S$ 2,807.45	Name 1:	My Car Consultant Pte Ltd
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	