15/5/2010

INS. CASE OWNER: CC3/AIG21012964/Kga3

LKK:

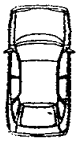
IDAC:

ASSIGNMENT

Surveyor: Kenneth DOI: 20/12/2021 Date / Time : 22/12/2021

Registered in Merimen: 22/12/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : SMD 6983Z Claim No. : 4765227655SG

Name of Insured : Ong Tiong Heo Policy No. : 1800103755-02

Insured Tel No. : HP: Make / Model :

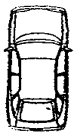
Excess Sec II :S$ D.O.A : 18/12/2021 Place of Accident : Along Lornie Highway after Adam Dr/Sime Rd/ Lornie Rd exit.

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

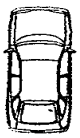
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

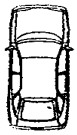
SHD 374E → → →



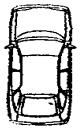
INSRS:
WSP: TRANS-CAB
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	SHD 374E : CC3/AIG14017442/Khy3q2 ; DOA : 09/09/2014	**STAGE**	**DATE / PIC**
	SMD 6983Z : 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	
	CLAIMANT- TRANS-CAB SERVICES PTE LTD	LTA / GIA :	
		Medical Bill:	
		PIR:	
	TPV:RENAULT LATITUDE - 1995cc	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$ $2,250.00 (2 days)	Reduction: $11,751.54 % 84	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 05/08/2022	Confirm with WAI YIN	Email ☑ Cal ☐	
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :	
Repair Cost:	S$ 2,407.50	W/GST		
Loss of Rental (LOR):	S$ 243.39 (3 days)	x $81.13		
Loss of Use (LOU):	S$ ($ x days)			
Loss of Income (LOI):	S$ 150.00 ($ 50 x 3 days)			
LOR only ☐ LOU only ☐	LOR + LOU ☐ LOR + 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:	$320.00
Total:	**S$** 2,808.34	**Global Sum S$:** 2,800.00		

FINAL PAYMENT	Date/Time:	Confirm with:		Email ☑ Cal ☐	
Payee 1:	S$ 2,800.00	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:			