15/5/2010

INS. CASE OWNER: CC3/AIG21013281/Kea3

LKK:

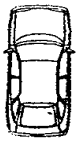
IDAC:

ASSIGNMENT

Surveyor: Kenneth DOI: 27/12/2021 Date / Time : 29/12/2021

Registered in Merimen: 29/12/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : SMV 842S Claim No. : 5311219581SG

Name of Insured : KOH KUEK CHIANG Policy No. :

Insured Tel No. : HP: Make / Model :

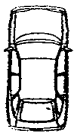
Excess Sec II :S$ D.O.A : 24/12/2021 Place of Accident :

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

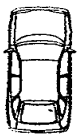
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

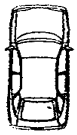
SHD 482B → → →



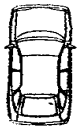
INSRS:
WSP: TRANS-CAB
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SHD 482B : CC3/CTI20012961/Kea3q2 ; DOA : 20/11/2020	**STAGE** **DATE / PIC**
	SMV 842S : 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
		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: KSC
Repair Cost: L/S	S$ 950.00 (2 days)	Reduction: 91 %	Email Call
FINAL SETTLEMENT	Date/Time: 22.03.22	Confirm with WAIYIN	Email Cal
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 1,016.50	OID MAKE A RH TURN FROM THE OUTER LANE	
Loss of Rental (LOR):	S$ 446.22 (5.5 days)	x $81.13	
Loss of Use (LOU):	S$ - ($ x days)		
Loss of Income (LOI):	S$ 275.00 ($ 50 x 5.5 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: $320
Total:	**S$** 1,745.17	**Global Sum S$:** 1,740.00	
FINAL PAYMENT	Date/Time: 22.03.22	Confirm with: WAIYIN	Email Cal
Payee 1:	S$ 1,740.00	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:	