15/5/2010

INS. CASE OWNER: CC4/III22000280/Kpa3

LKK:

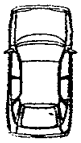
IDAC:

ASSIGNMENT

Surveyor: Kenneth DOI: 10/01/2022 Date / Time : 10/01/2022

Registered in Merimen: 10/01/2022

Pre-assign / CCU / FTE



Insured Vehicle No. : PA 9786L Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

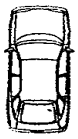
Excess Sec II :S$ D.O.A : 07/01/2022 1420 Place of Accident :

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

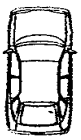
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

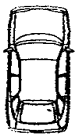
SHD 5737J → → →



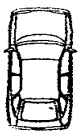
INSRS:
WSP: TRANS-
Tel : CAB
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SHD 5737J - CS/TP12000821/Kcs2; 05/10/2011	**STAGE** **DATE / PIC**
	CS/TP14006061/Kvm3k3; 21/01/2014	Non-Reporting ltr (1st):
	NA/INC10022546/s2; 08/11/2010	Non-Reporting ltr (2nd):
	PA 9786L - CS/III13002020/UqXX ; 22.01.2013	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: L/sum	S$ 4,500.00 (7 days) Reduction: 59 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 11/08/2022 Confirm with Wai Yin		Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 15		If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 4,494.00 (as per III mandate)		
Loss of Rental (LOR):	S$ 963.00 (10 days) x $96.30		
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI):	S$ 400.00 ($ 40 x 10 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: $500.00
Total:	**S$** 5,864.45	**Global Sum S$:**	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐
Payee 1:	S$ 5,864.45	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:	