15/5/2010

INS. CASE OWNER:

CC3/AIG22000674/Kga3

LKK:

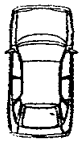
IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 18/01/2022 Date / Time : 18/01/2022

Registered in Merimen: 19/01/2022

Pre-assign / CCU / FTE



Insured Vehicle No. : SMF 127H Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

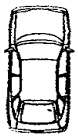
Excess Sec II :S$ D.O.A : 15.01.2022 13:10 Place of Accident : SENGKANG SQUARE

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

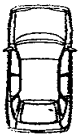
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

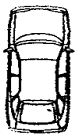
SHB 9888R → → →



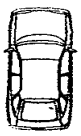
INSRS:
WSP: TRANS-
Tel : CAB
Liability AUTO
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	SHB 9888R - CC3/AIG11012410/Ka2a3q2; 23/06/2011	**STAGE**	**DATE / PIC**
	CC3/FCI15004050/Kvbu2; 10/10/2014	Non-Reporting ltr (1st):	
	CS/FCI13009978/Kvk3; 23/05/2013	Non-Reporting ltr (2nd):	
	CS/SOM09012715/Ubr1; 07/06/2009	Non-Reporting ltr (Final):	
	NA/INC18005991/z4; 26/03/2018	Notification ltr (if non-pickup):	
	SMF 127H - X	Call OI:	
		After call ltr to OI:	
		Documentation Check List:	**Handler** / **Typist**
		Notification ltr (if non-pickup)	
		After call ltr to OI:	
	CLAIMANT - TRANS-CAB SERVICES PTE LTD	Authorisation To Act:	
		Release Voucher:	
		Final Repair Bill:	
	TPV: TPV: RENAULT LATITUDE - 1995cc	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/S	S$ 1150.00 (2 days) Reduction: 9476.66	% 89	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 12/04/2022	Confirm with WAI YIN	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 1,230.50	W/GST	
Loss of Rental (LOR):	S$ 162.26 (2 days)	x $81.13	
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI):	S$ 100.00 ($ 50 x 2 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: $320.00
Total:	**S$** 1,500.21	**Global Sum S$:** 1,500.00	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐
Payee 1:	S$ 1,500.00	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:	