15/5/2010

INS. CASE OWNER:

~~CC3/CTI2201093/Kra3~~

LKK:

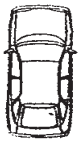
IDAC:

ASSIGNMENT CC3/CTI2201093/Kpa3q2

Surveyor: KENNETH DOI: 04/02/2022 Date / Time : 04/02/2022

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SMK 348K

Name of Insured : BEN LIMOUSINE TRANSPORT SERVICES

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 01.02.2022 18:00

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

Claim No. : SNM22D200846

Policy No. : DMHCSNW00002672101

Make / Model :

Place of Accident : JUNCTION OF DORSET ROAD AND RANGOON ROAD

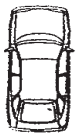
If **NO**, Driver Name / Age : NG KOK KUAN (HUANG GUO QUAN)

Driver Tel No. : (V/L: YES / NO)

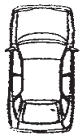
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

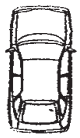
SHF 778M → → →



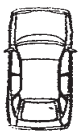
INSRS:
WSP: TRANS-CAB
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SHF 778M - CC3/III16014692/Kwb3q2 ; 04/08/2016	**STAGE** **DATE / PIC**
	NBA/INC17001212/Y ; 16/01/2017	Non-Reporting ltr (1st):
	SMK 348K - X	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: LS	S$ 5150.00 (5 days)	Reduction: 7486.00 % 59	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 17/11/2022	Confirm with WAI YIN	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 9c	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 5,510.50 W/GST		
Loss of Rental (LOR):	S$ 567.91 (7 days)	x $81.13	
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI):	S$ 350.00 ($ 50 x 7 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: $400.00
Total:	**S$** 6,435.86	**Global Sum S$:**	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐
Payee 1:	S$ 6,435.86	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:	