15/5/2010

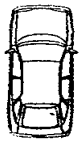
INS. CASE OWNER: KHONG Lynn | CC4/ASM22001731/Aea3 | LKK: IDAC: 250520

ASSIGNMENT

Surveyor: ADRIAN DOI: 23/02/2022 Date / Time : 23/02/2022

Registered in Merimen: ——

Pre-assign / CCU / FTE



Insured Vehicle No. : SHD 5881A Claim No. : S2M03U1B

Name of Insured : TRANS-CAB SERVICES PTE LTD Policy No. : P2459880

Insured Tel No. : HP: Make / Model : Toyota Prius

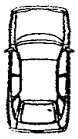
Excess Sec II :S$ D.O.A : 21/02/2022 14:50 Place of Accident : SOUTH BUONA VISTA ROAD TOWARDS NUH

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

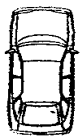
If **NO**, Driver Name / Age : CHIA KOK HONG OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

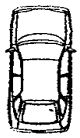
CB 7219U → → →



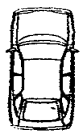
INSRS:
WSP: MG SOLUTION
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	CB 7219U - X	**STAGE**	**DATE / PIC**
	SHD 5881A - CC3/AXA14015046/Kzy3w2; 02/08/2014	Non-Reporting ltr (1st):	
	CC3/FCI15014426/Ktbc2; 27/05/2015	Non-Reporting ltr (2nd):	
	NA/INC12006468/s2; 31/03/2012	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: LWP
Repair Cost: L/S	S$ 4,000.00 (6 days)	Reduction: 52 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 19.05.22	Confirm with SU WONG	Email ☐ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 0%
Repair Cost: w/GST	S$ 4,280.00	3VEH CC OID 2ND	
Loss of Rental (LOR):	S$ - (days)		
Loss of Use (LOU):	S$ 800.00 ($ 100 x 8 days)		
Loss of Income (LOI):	S$ ✓ - ($ x 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: $350
Total:	**S$** 5,087.45	**Global Sum S$:**	

FINAL PAYMENT	Date/Time: 19.05.22	Confirm with: SU WONG	Email ☐ Call ☐
Payee 1:	S$ 5,087.45	Name 1:	MG SOLUTION PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	