15/5/2010

INS. CASE OWNER: TEO Kitty 6568804602

CC4/ASM22001867/Upa3

LKK:

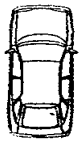
IDAC: 250898

ASSIGNMENT

Surveyor: MARCUS DOI: 28/02/2022 Date / Time : 28/02/2022

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SHF 743M

Name of Insured : TRANS-CAB SERVICES PTE LTD

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 23/02/2022 20:15

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

If **NO**, Driver Name / Age :

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

Claim No. : S2M03U8G

Policy No. : P2459880

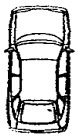
Make / Model : Renault LATITUDE 2.0L DCI AUTO D/AB 4DR

Place of Accident : OUTRAM ROAD TOWARDS TIONG BAHRU ROAD

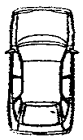
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

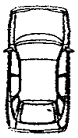
FBK 3975K →



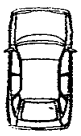
INSRS:
WSP: Fastech
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	FBK 3975K - X SHF 743M - CC3/III19019452/Kgs3q2; 30/10/2019 CC4/AXA17015317/Kkb3q2; 03/08/2017 CC4/AXA18016438/Kpa3q2; 23/08/2018	**STAGE** **DATE / PIC** 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: ☐ Post-Repair Photos: ☐ ☐ Others: ☐ ☐

PRELIMINARY ADVICE	Date/Time:	Sent By:	
FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: L/SUM	S$ 5,000.00 (4 days)	Reduction: 70 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 05/04/2023	Confirm with JASON	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost: 7% GST	S$ 5,350.00		
Loss of Rental (LOR):	S$ (days)		
Loss of Use (LOU):	S$ 80.00 ($ 20 x 4 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: $350.00
Total:	**S$** 5,437.45	**Global Sum S$:** 5,400.00	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐	
Payee 1:	S$ 5,400.00	Name 1:	Fastech Auto Pte Ltd	
Payee 2: (Strike if N.A.)	S$	Name 2:		
Payee 3: (Strike if N.A.)	S$	Name 3:		