15/5/2010

INS. CASE OWNER:

CC3/AIG22002876/Kga3

LKK:

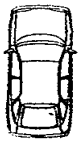
IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 28/03/2022 Date / Time : 28/03/2022

Registered in Merimen: 29/03/2022

Pre-assign / CCU / FTE



Insured Vehicle No. : SJM 2164K Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

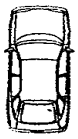
Excess Sec II :S$ D.O.A : 25/03/2022 11:50 Place of Accident : AYE

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

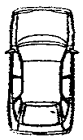
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

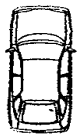
SMR 7876U → SJM 2164K → SHD 9804Y → SKX 9847H



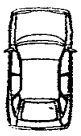
INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS: OI



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



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SHD 9804Y - CC3/TMI20013304/Ktf3q2 ; 27/11/2020	**STAGE** **DATE / PIC**
	NA/INC19020377/z4 ; 17/11/2019	Non-Reporting ltr (1st):
	SJM 2164K - 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
		LTA / GIA :
	CLAIMANT - TRANS-CAB SERVICES PTE LTD	Medical Bill:
		PIR:
	TPV: T.PRIUS - 1798cc	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: PP	S$ $2,456.20 (3 days)	Reduction: $18,273.65% 100	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 04/08/2022	Confirm with WAI YIN	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 0%
Repair Cost:	S$ 2,628.13	W/GST	
Loss of Rental (LOR):	S$ 577.80 (6 days)	x $96.30	C.C (OI 3RD)
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI):	S$ 300.00 ($ 50 x 6 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: $320.00
Total:	**S$** 3,513.38	**Global Sum S$:**	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐
Payee 1:	S$ 3,513.38	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:	