15/5/2010

INS. CASE OWNER:

~~CC3/AIG22005571/Kga3~~
CC3/AIG22005571/Kpa3q2

LKK:

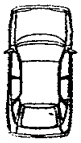
IDAC:

## ASSIGNMENT

Surveyor: KENNETH DOI: 07/06/2022 Date / Time : 07/06/2022

Registered in Merimen: 13/06/2022

**Pre-assign / CCU / FTE**



Insured Vehicle No. : SGK 1008G Claim No. : 7500416226SG

Name of Insured : Policy No. : 7210088468

Insured Tel No. : HP: Make / Model :

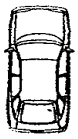
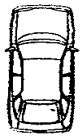
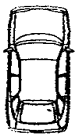
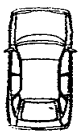
**Excess Sec II :S$** D.O.A : 04.06.2022 15:20 Place of Accident :

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**

SHF 503P → → →

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

Date/ Time

SHF 503P Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By

~~CC3/CTI22001958/Kgs3 02/03/2022 SHF 503P GBD 7074X 27/02/2022 LSL1~~

~~CC4/ASM22000603/Dpa3 17/01/2022 SJP 8338X SHF 503P 13/01/2022 HMK~~

SGK 1008G - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By

~~CC3/AIG12012655/Uqd1 17/08/2012 SGK 1008G 25/06/2012 23/08/2012 SSC~~

~~CS/CTI18003401/R1vd3q2 26/04/2018 SGK 1008G GBE 3633D 13/03/2018 27/04/2018 NV1~~

~~CS/CTI21000717/R1vf3q2 09/03/2021 SGK 1008G SLZ 3228L 06/01/2021 10/03/2021 LST1~~

| **CASE** | **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$ 4,639.17 ( 2 days) Reduction: 71 % Email ☐ Call ☐

**FINAL SETTLEMENT** Date/Time: 17/10/2022 Confirm with MS JASMINE Email ☑ Call ☐

| | | |
|---|---|---|
| Final Liability: | % 100 (Agreed / Assessed) BOLA S/N No. : 5 | If NO or B 28, Ass. Lia : |
| Repair Cost: | S$ 4,963.91 | |
| Loss of Rental (LOR): | S$ 433.35 ( 4.5 days) @$96.30 | |
| Loss of Use (LOU): | S$ ($ x days) | |
| Loss of Income (LOI): | S$ 225.00 ($50.00 x 4.5 days) | |
| LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☑ [**Tick only one**] | | |
| GIA/LTA Search | S$ 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: $320.00 |
| **Total:** | **S$ 5,629.71** **Global Sum S$:** | |

**FINAL PAYMENT** Date/Time: Confirm with: Email ☑ Call ☐

| | | | |
|---|---|---|---|
| Payee 1: | S$ 5,629.71 | 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: | |