15/5/2010

INS. CASE OWNER:

CC3/AIG22007784/Kpa3

LKK:

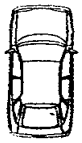
IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 15/08/2022 Date / Time : 15/08/2022

Registered in Merimen: 16/08/2022

Pre-assign / CCU / FTE



Insured Vehicle No. : GBH 7135H Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

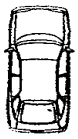
Excess Sec II :S$ D.O.A : 11/08/2022 08:05 Place of Accident :

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

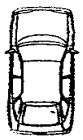
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

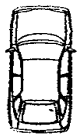
SHC 5436H → → →



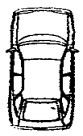
INSRS:
WSP: TRANS-CAB
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
SHC 5436H -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By		**DATE / PIC**
	CC3/TMI21000272/Kqd3q2 13/01/2021 SHC 5436H SMD 489Z 04/01/2021 18/01/2021 EWL		Non-Reporting ltr (1st):
	CC4/AXA16000355/H1pv3s2 11/02/2016 SH 8533J SHC 5436H 06/01/2016 15/02/2016 LVF		Non-Reporting ltr (2nd):
	CS/TP12013305/Kyn 13/07/2012 SHC 5436H 16/06/2012 16/07/2012 CMJ		Non-Reporting ltr (Final):
	NA/INC15010506/r3 24/06/2015 VELLAISAMY KARUPPAIAH GW 8949G SHC 5436H 23/06/2015 06/10/2015 RBW		Notification ltr (if non-pickup):
GBH 7135H - X			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: P/P	S$ 2,916.55 (2 days) Reduction: 74 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 08/05/2023 Confirm with Wai Yin		Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27		If NO or B 28, Ass. Lia :
Repair Cost: 7%GST	S$ 3,120.71		
Loss of Rental (LOR):	S$ 226.84 (2 days) X$113.42		
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI):	S$ 100.00 ($ 50 x 2 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: $320.00
Total:	**S$** 3,455.00 **Global Sum S$:**		
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐
Payee 1:	S$ 3,455.00	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:	