15/5/2010

INS. CASE OWNER:

CC3/CTI22008212/Kya3q2

LKK:

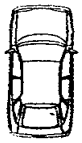
IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 22/08/2022 Date / Time : 22/08/2022

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : XE 3095X Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

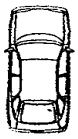
Excess Sec II :S$ D.O.A : 24.06.2022 15:20 Place of Accident :

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

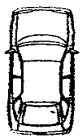
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

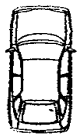
SHD 9322X → → →



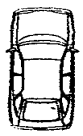
INSRS:
WSP: TRANS-CAB
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
SHD 9322X -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
	CC3/EQI18005783/Kpa3q2 29/10/2018 SHD 9322X GBG 1566S 23/03/2018 05/11/2018 HMK
	CC3/FCI15005675/Kqy3k3 24/04/2015 SHD 9322X SHC 663B 16/11/2014 24/04/2015 KYS
	CC3/FCI15007822/Kqy3k3 18/05/2015 SHD 9322X SHB 4866L 06/02/2015 20/05/2015 KYS
	CC3/FCI15009661/Kqy3k3 16/06/2015 SHD 9322X SH 6058C 04/02/2015 17/06/2015 KYS
	CC3/TMI14010626/K1gbk3 02/09/2014 SHD 9322X YL 9377U 04/06/2014 04/09/2014 GKL
	CS/III14017764/K1tbk3 26/09/2014 SHD 9322X SHA 3694C 13/09/2014 01/10/2014 KYP
XE 3095X -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
	CS/CTI22001278/Avy3n2 06/04/2022 SFM 9089X XE 3095X 08/02/2022 06/04/2022 NMY

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: Part by Part	S$ 1,171.75 (2 days) Reduction: 92 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 11/04/2023	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: with GST	S$ 1,253.77		
Loss of Rental (LOR):	S$ 288.90 (3 days) @$96.30		
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI):	S$ 150.00 ($ 50 x 3 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: $400
Total:	**S$** 1,700.12	**Global Sum S$:**	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐
Payee 1:	S$ 1,700.12	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:	