15/5/2010

INS. CASE OWNER: Winnetti. ~~Cynthia~~ | CC 3 [ssm] /AXA1702 1146 / K4/1/ Ps3 | LKK: IDAC:

ASSIGNMENT

Surveyor: ESC DOI: 3/11/17 Date / Time : 3/11/17

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : SGL 7300S Claim No. : S7M00304

Name of Insured : YAP SOON SIM Policy No. : GA0Y8862171

Insured Tel No. : HP: 97348704 Make / Model : MERCEDES

Excess Sec II :S$ D.O.A : 01/11/17 Place of Accident : ROBINSAN RD TWDS NTUC CENTRE AT MARINA BVLD

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 3564H →

INSRS: Trans Cab. WSP: Tel : Liability : RMKS:

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Date/ Time	
6/11/17	SHD3564H - CC3/AXA1702/8427/KH63 DOA: 18/7/17
	SGL7300S - X
UTT	+ Smartclaim.
8/11/17 @ 3.14pm	Called OI, Mr Yap. Confirm accident. No video/evidence. Inform TP claim. Advise OI that it is likely 50/50. OI will let insurance to handle & aware NCD issue.
	– OI got photos & will send to us.

STAGE	**DATE / PIC**
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	~~J Hseuh/ 07 8/11/17~~
After call ltr to OI:	~~(Bye mail)~~

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$ 3976.19 (4 days) Reduction: 8P % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 27/5/2021 Confirm with Wai Yin Email ☑ Call ☐

Final Liability:	% 100 (Agreed / (Assessed)) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost: W/GM	S$ 4254.52	
Loss of Rental (LOR):	S$ 475.83 (4.5 days) x $105.74	
Loss of Use (LOU):	S$ — ($ — x — days)	
Loss of Income (LOI):	S$ 225.00 ($ 50 x 4.5 days)	
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ **[Tick only one]**		
GIA/LTA Search	S$ 5.35	
Medical:	S$ —	1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ — (e.g. Tow/ Independent)	2) Report Format: GP
Legal Cost	S$	3) Survey fee: $350.00
Total:	**S$** 4960.70 **Global Sum S$:** 4800.00	

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

Payee 1:	S$ 4800.00	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:	