

cc 3, AXA 1800 0567, Kka3

LKK:  
IDAC:

INS. CASE OWNER:

Surveyor:

KSL

DOI:

ASSIGNMENT

8-1-18

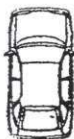
Date / Time:

8-1-18

Registered in Merimen:

Pre-assign / CCU / FTE

SGV 201M



Insured Vehicle No.:

Claim No.:

Name of Insured:

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :SS

D.O.A: 03-01-18

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

SAD WPC



INSRS:

WSP: Trans Cab

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time	STAGE	DATE / PIC	
SAD WPC-013 / 11116017828 / Kka3 ; D.O.A: 16/09/16 SGV 201M - X	Non-Reporting ltr (1st):		
	Non-Reporting ltr (2nd):		
	Non-Reporting ltr (Final):		
	Notification ltr (if non-pickup):		
	Call OI:		
	After call ltr to OI:		
	<b>Documentation Check List:</b>	<b>Handler</b>	<b>Typist</b>
	Notification ltr (if non-pickup)	<input type="checkbox"/>	<input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/>	<input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/>	<input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/>	<input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/>	<input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/>	<input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/>	<input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/>	<input type="checkbox"/>
Medical Bill:	<input type="checkbox"/>	<input type="checkbox"/>	
PIR:	<input type="checkbox"/>	<input type="checkbox"/>	
Mandate/Reject Instruction:	<input type="checkbox"/>	<input type="checkbox"/>	
LOD	<input type="checkbox"/>	<input type="checkbox"/>	
Payment Breakdown Form:	<input type="checkbox"/>	<input type="checkbox"/>	
Post-Repair Photos:	<input type="checkbox"/>	<input type="checkbox"/>	
Others:	<input type="checkbox"/>	<input type="checkbox"/>	

## PRELIMINARY ADVICE

Date/Time:

Sent By:

## FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost: P/P S\$ 2334.57 ( 2 days) Reduction: 8009.36 % 77

Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 08/05/2020 Confirm with WAI YIN

Email ☒ Call ☐

Final Liability: % 50 (Agreed / Assessed) BOLA S/N No. : NIL

If NO or B 28, Ass. Lia :

Repair Cost: S\$ 1248.99

Loss of Rental (LOR): S\$ 103.60 ( 2 days) X \$103.60

CONFLICTING VERSION

Loss of Use (LOU): S\$ (\$ x days)

Loss of Income (LOI): S\$ 50.00 (\$ 50 x 2 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: TP

Legal Cost S\$

3) Survey fee: \$350.00

Total: S\$ 1407.94 Global Sum S\$: 1400.00

## FINAL PAYMENT

Date/Time:

Confirm with:

Email ☒ Call ☐

Payee 1: S\$ 1400.00

Name 1:

TRANS-CAB AUTO SERVICES PTE LTD

Payee 2: (Strike if N.A.) S\$

Name 2: