15/5/2010

INS. CASE OWNER: CL | CC 3/ASM~~AXA~~18000996 / Kyq3 | LKK: SMART 26529 | IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 15/01/18 Date / Time : 15/01/18

Registered in Merimen: —

Pre-assign / CCU / FTE

Insured Vehicle No. : SKT 9903A Claim No. : S8M007G0

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 11/01/18 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**

SHC 5154X → → →

INSRS:	INSRS:	INSRS:	INSRS:
WSP: Trans-Cab(AMK)	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
	SHC 5154X - CC3/AIG1600643/Kyq3q2 DOA: 04/04/16 - CC3/AXA1195023/Kq1dc1 DOA: 25/07/11 - CC3/FCI1301493S/Kgkz DOA: 09/06/13 - CC3/FCI1402212S/Kgwl2 DOA: 28/01/14
	SKT 9903A - X

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: 22/1 Sent By:

FINALIZATION	Date/Time:	Confirm with:	Confirm by: KSC
Repair Cost: L/S	S$ 4,400.00 (2.5 days)	Reduction: 90 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 08.03.21	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: w/GST	S$ 4,708.00	OI REAR ENDED TP	
Loss of Rental (LOR):	S$ 456.57 (4.5 days)	X $101.46	
Loss of Use (LOU):	S$ - ($ x days)		
Loss of Income (LCI):	S$ 225.00 ($ 50 x 4.5 days)		
LOR only ☐ LOU only ☐	LOR + LOU ☐	LOR + LO ☑ [Tick only one]	
GIA/LTA Search	S$ 5.35		
Medical:	S$ -		1) Claim status: Normal/[redacted]
Disbursement:	S$ - (e.g. Tow/ Independent)		2) Report Format: TP
Legal Cost	S$ -		3) Survey fee: $350
Total:	S$ 5,394.92	**Global Sum S$:** 5,390.00	
FINAL PAYMENT	Date/Time: 08.03.21	Confirm with: WAI YIN	Email ☐ Call ☐

Payee 1:	S$ 5,390.00	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:	