15/5/2010

INS. CASE OWNER: CC3 / AXA1300144 7 / KHB3Y-1

LKK:

IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 21/01/13 Date / Time :

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : SJA 6778B Claim No. : C0259268

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 08/01/13 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 5406U →

INSRS:
WSP: TRANSCAB
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	- RE-OPEN CASE
12/12/19	- AXA APPROVED WAIVER TO
	- SEND 1ST OFFER TO TP.
	- TP ACCEPTED OFFER.
13/12/19	- ALL DOCS IN ORDER.
	- TO CLOSE.

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: LG S$ 500 (1 days) Reduction: 89 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 13/12/19 Confirm with WAN YIN Email ✓ Call ☐

Final Liability:	% 50 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost: (W/OT)	S$ 535.00 @50% $267.50	
Loss of Rental (LOR):	S$ 81.32 (1 days) x $81.32 $ 40.66	RE-OPEN CASE
Loss of Use (LOU):	S$ — ($ x days)	TP GOT WITH SOS
Loss of Income (LOI):	S$ 50.00 ($ 50 x 1 days) $ 25.00	SETTLED
LOR only ☐ LOU only ☐	LOR + LOU ☐ LOR + LOI ✓ [Tick only one]	
GIA/LTA Search	S$ — TOTAL $ 353.16	
Medical:	S$ —	1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ — (e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$ —	3) Survey fee: $250 (PAID) + $150.00
Total:	S$ 666.32 **Global Sum S$:** 400.00	

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

Payee 1:	S$ 400.00	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:	—