

INS. CASE OWNER:

CC3 / AXA13001447 / Khbzy-1

LKK:

IDAC:

ASSIGNMENT

Surveyor:

KENNETH

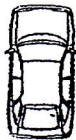
DOI:

21/01/13

Date / Time :

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SSA 6778B

Claim No. : C0259268

Name of Insured :

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II :SS D.O.A : 08/01/13

Place of Accident :

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

If NO, Driver Name / Age :

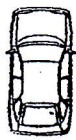
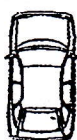
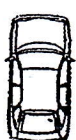
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

(V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SHE 5406U

INSRS:
WSP: TRANVOCKB
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		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:	☐

PRELIMINARY ADVICE	Date/Time:	Sent By:	Post-Repair Photos:	☐
			Others:	☐

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: L19	\$S 500	(1 days) Reduction: 89 %	Email ☐ Call ☐

FINAL SETTLEMENT	Date/Time: 12/12/19	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: (w/lor)	\$S 535.00	0.50% 4267.50	
Loss of Rental (LOR):	\$S 81.32	(1 days) x 81.32	\$ 40.66

Loss of Use (LOU):	\$S —	(\$ x days)	
Loss of Income (LOI):	\$S 50.00	(\$ 50 x 1 days)	\$ 25.00

LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☒ [Tick only one]			
GIA/LTA Search	\$S —		100% 535.16

Medical:	\$S —		1) Claim status: Normal/Reject/Private Settle
Disbursement:	\$S —	(e.g. Tow/ Independent)	2) Report Format:

Legal Cost	\$S —		3) Survey fee: 4280 (PMID) + \$150.00
Total:	\$S 666.32	Global Sum \$S: 100.00	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	\$S 100.00	Name 1: TRANVOCKB AUTO SERVICES PTE LTD	

Payee 2: (Strike if N.A.)	\$S —	Name 2:	—
Payee 3: (Strike if N.A.)	\$S —	Name 3:	—