

15/5/2010

INS. CASE OWNER:

High

CC3 / III1800 3213, Kja39

LKK:

IDAC:

Surveyor:

Kenneth

DOI:

ASSIGNMENT

19-02-18

Date / Time:

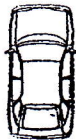
19-02-18

Registered in Merimen:

20/2/18

Pre-assign / CCU / FTE

HAD 3135 J



Insured Vehicle No.:

Claim No.:

mcl18020437

Name of Insured:

UPL

Policy No.:

mumoon 5

Insured Tel No.:

HP:

Make / Model:

H 140

Excess Sec II :SS

D.O.A: 13-02-18

Place of Accident:

BIROK NORTH AVE 6

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

POH KENG SONG

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

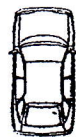
Driver Tel No.:

(V/L: YES / NO)

Insured Liability: %

Final ? Yes / No

SHF 721 B



INSRS:

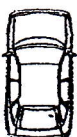
WSP:

Tel:

Liability:

RMKS:

Trans Cab



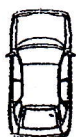
INSRS:

WSP:

Tel:

Liability:

RMKS:



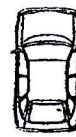
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

m/v
gry

SHF 721B - C/LY/AXA/13002840/ Kja39 : D.A. 30/4/18

HAD 3135 J - X

OI HIT TP FROM REAR.
TO VIEW CCTV.

21-5-18

FOR MANDATE - LOD IN.

RECEIVED 20 JUN 2018
RECEIVED 21 MAY 2018

FROM DDA - CNY - REPAIR DAYS

III - MANDATE 5 DAYS ONLY

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:

NA

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:

S\$

days Reduction:

%

Email ☐ Call ☐

FINAL SETTLEMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Final Liability:

%

(Agreed / Assessed) BOLA S/N No. : 27

If NO or B 28, Ass. Lia :

Repair Cost:

S\$

1,337.50

Loss of Rental (LOR):

S\$

710.22 / 7 days 101.46

Loss of Use (LOU):

S\$

(\$ x days)

Loss of Income (LOI):

S\$

280 \$ 40 x 7 days

LOR only ☐ LOU only ☐LOR + LOU ☐LOR + LOI ☐ [Tick only one]

GIA/LTA Search

S\$

Medical:

S\$

Disbursement:

S\$

(e.g. Tow/ Independent)

Legal Cost

S\$

Total:

S\$

2,327.72

Global Sum S\$:

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Payee 1:

S\$

2,327.72

Name 1:

TRANS-CAB AUTO SERVICES PTE LTD

Payee 2: (Strike if N.A.)

S\$

X

Name 2:

X

Payee 3: (Strike if N.A.)

S\$

X

Name 3:

X

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

COPY SENT
20/6/18