15/5/2010

INS. CASE OWNER: Ernest | CC 4 ASM /AXA1800 37375 / KWB | ps3 | LKK: IDAC:

ASSIGNMENT

Surveyor: KSC DOI: 21/7/18 Date / Time : 21/7/18

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : SLH 9701M. Claim No. : SBM00990 | 37295

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 10/07/18 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**

SHO 9757X → → →

INSRS: Trans Cab. WSP: Tel : Liability : RMKS:

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INSRS: WSP: Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SHO 9757X – Con/ 1153170168 37375 Cab/ 1 DOA: 18/8/17
	SLH 9701M – X
	* counterclaim
15/04/2020	Pls refer to Views for details.

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: P/P S$ 550.00 (1.5 days) Reduction: 94 % Email [ ] Call [ ]

FINAL SETTLEMENT Date/Time: Confirm with Email [✓] Call [ ]

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 15 If NO or B 28, Ass. Lia :

Repair Cost: w/GST S$ 588.50

Loss of Rental (LOR): S$ 150.50 (2 days) x$75.25

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

Loss of Income (LOI): S$ 100.00 ($ 50 x 2 days)

LOR only [ ] LOU only [ ] LOR + LOU [ ] LOR + LOI [✓] **[Tick only one]**

GIA/LTA Search S$ 7.45

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$ 846.45 **Global Sum S$:** 800.00

FINAL PAYMENT Date/Time: Confirm with: Email [✓] Call [ ]

Payee 1:	S$ 800.00	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:	