

ENS. CASE OWNER:

Saw Theng

CC 4 / AXA1800

3871, 6wb3

LKK:

IDAC:

Surveyor:

x62

DOI:

ASSIGNMENT

1/7/18

Date / Time:

28/1/18

Registered in Merimen:

28/1/18

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 5554A  
 Name of Insured : Trans Cab Services Pte Ltd  
 Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_  
 Excess Sec II : \$ 5000.00 D.O.A : 24/12/18  
 Is driver the owner? ( YES / NO ) Nature of Accident : \_\_\_\_\_

Claim No. : C0471557  
 Policy No. : P1680520  
 Make / Model : \_\_\_\_\_  
 Place of Accident : \_\_\_\_\_

If NO, Driver Name / Age :

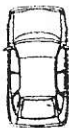
Driver Tel No. :

(V/L: YES / NO)

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

Insured Liability : % Final ? Yes / No

PC 8333G



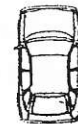
INSRS: connect 3  
 WSP:  
 Tel :  
 Liability :  
 RMKS:



INSRS:  
 WSP:  
 Tel :  
 Liability :  
 RMKS:



INSRS:  
 WSP:  
 Tel :  
 Liability :  
 RMKS:



INSRS:  
 WSP:  
 Tel :  
 Liability :  
 RMKS:

| Date/ Time |                                          | STAGE                             | DATE / PIC                          |
|------------|------------------------------------------|-----------------------------------|-------------------------------------|
| 1/10/18    | PC 8333G - M/T (16/10/18) 24 Nov. 5/1/18 | Non-Reporting ltr (1st):          |                                     |
|            | SHC 5554A - LCH (13/01/18) 8/1/18        | Non-Reporting ltr (2nd):          |                                     |
|            |                                          | Non-Reporting ltr (Final):        |                                     |
|            |                                          | Notification ltr (if non-pickup): |                                     |
|            |                                          | Call OI:                          | 2/10/18 email.                      |
|            |                                          | After call ltr to OI:             | 2/10/18                             |
|            |                                          | Documentation Check List:         | Handler Typist                      |
|            |                                          | Notification ltr (if non-pickup)  | <input type="checkbox"/>            |
|            |                                          | After call ltr to OI:             | <input checked="" type="checkbox"/> |
|            |                                          | Authorisation To Act:             | <input checked="" type="checkbox"/> |
|            |                                          | Release Voucher:                  | <input checked="" type="checkbox"/> |
|            |                                          | Final Repair Bill:                | <input checked="" type="checkbox"/> |
|            |                                          | Car Rental Invoice:               | <input type="checkbox"/>            |
|            |                                          | Towing Invoice                    | <input type="checkbox"/>            |
|            |                                          | LTA / GIA :                       | <input type="checkbox"/>            |
|            |                                          | Medical Bill:                     | <input type="checkbox"/>            |
|            |                                          | PIR:                              | <input type="checkbox"/>            |
|            |                                          | Mandate/Reject Instruction:       | <input checked="" type="checkbox"/> |
|            |                                          | LOD                               | <input checked="" type="checkbox"/> |
|            |                                          | Payment Breakdown Form:           | <input type="checkbox"/>            |
|            |                                          | Post-Repair Photos:               | <input type="checkbox"/>            |
|            |                                          | Others:                           | <input type="checkbox"/>            |

PRELIMINARY ADVICE Date/Time:

Sent By:

## FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

SS

( days) Reduction:

%

Email ☐ Call ☐

## FINAL SETTLEMENT

Date/Time:

Confirm with WinnieEmail ☐ Call ☐

Final Liability:

%

(Agreed / Assessed) BOLA S/N No. : 15

If NO or B 28, Ass. Lia :

Repair Cost:

SS

( days)

Loss of Rental (LOR):

SS

( days)

Loss of Use (LOU):

SS

(\$ 450 x 3 days)

Loss of Income (LOI):

SS

(\$ x days)

LOR only ☐LOU only ☐LOR + LOU ☐LOR + LOI ☐

[Tick only one]

GIA/LTA Search

SS

Medical:

SS

Disbursement:

SS

(e.g. Tow/ Independent )

Legal Cost

SS

Total:

SS 5250.00

Global Sum SS:

Email ☐ Call ☐

## FINAL PAYMENT

Date/Time:

Confirm with:

Payee 1:

SS

Name 1:

Connect 3

Payee 2: (Strike if N.A.)

SS

Name 2:

Payee 3: (Strike if N.A.)

SS

Name 3:

COPY SENT

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee: