INS CASE OWNER: 1st stacey | CC4, AXA 1800 7045, Swasy | IDAC:

ASSIGNMENT

[illegible]: YWK DOI: 11/4/18 Date / Time: 13-04-18

Registered in Merimen: 11/4/18

Pre-assign / CCU / FTE

Insured Vehicle No.:	SHD 3B	Claim No.:	C0472972
Name of Insured:	TRANS-CAB SERVICES P/L	Policy No.:	P1680520
Insured Tel No.:	HP:	Make / Model:	M-BENZ
Excess Sec II :S$ 5,000.00	D.O.A.: 11-04-2018	Place of Accident:	KPE > AIRPORT

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

If NO, Driver Name / Age: CHOH AH LOKE @ CHOW KWAN TAI OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No.: 87777056 (V/L: YES / NO) Insured Liability: % Final ? Yes / No

SHB 1054H → ______ → ______ → ______

INSRS: WSP: SMRT.CM Tel: Liability: RMKS:	INSRS: WSP: Tel: Liability: RMKS:	INSRS: WSP: Tel: Liability: RMKS:	INSRS: WSP: Tel: Liability: RMKS:

Date/ Time	
19/4 YWK	CAB1054H - X; SHD3B - [illegible] - [illegible]
23/4/18	Email letter to OI
29/8/18	File pass to typist to type report
25/9/18	Seek mandate via merimen
27/11/18	Mandate approve via Merimen

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	27/4/18 email / [illegible]
After call ltr to OI:	[illegible]

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: 18/4 Sent By: [illegible]

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: S$ (days) Reduction: % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 3/12/18 Confirm with: Lee Geok Email ☐ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No.: 28	If NO or B 28, Ass. Lia.: 0%
Repair Cost:	S$ 1766.99	O2D involved in 4E-C
Loss of Rental (LOR):	S$ 765.05 (6.5 days) x 117.70	OID is the 2nd veh.
Loss of Use (LOU):	S$ 325.00 (S$ 50 x 6.5 days)	
Loss of Income (LOI):	S$ (S$ x days)	
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]		COPY SENT 4/12/18
GIA/LTA Search:	S$ —	
Medical:	S$	1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ (e.g. Tow/ Independent)	2) Report Format:
Legal Cost:	S$	3) Survey fee:
Total:	S$ 2857.04 Global Sum S$: 2850.00	

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

Payee 1:	S$ 2850.00	Name 1:	SMRT Taxis Pte Ltd
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	

Surveyor

REF:

ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No:

Claims No:

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

N/S	O/S

Remark: The veh had commenced its repair at the time of inspection.

Bal. or Market Value:

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 2 days Res.: Yes or No

Lum Sum: 2.B.2 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No. SHB1054H Yr Regn: 1/10/17

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or

Make: Toyota Prius 4 c.c 1798

Colour: Maroon

A/C: Insured / Std / NI / NA

T/Radio: Insured / Std / NI / NA

Sp.Reading: 35669

Eng/No:

C/No: JTDKB3FU603572978

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 195/65R15 R: "

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.	11/4/18	D.O.I.	16/4/18

Survey held at: SMRT

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
29/8/18	Confirm I.B.2 $1766.99 With 2 working days

TAX/04/18/3054

LKK

AXA

SHB 3.B.

(Rd = $4725.88 71%)

Date/Time File Pass to? : Prell. Report

: Final Report

Date/Time File Return to?

Report Format:

Lump Sum / I.B.: (S

Days Of Repair:

Resurvey No. of Trip:

Add Fee: Site Insp (S

Interview (S

Tech. Invs (S

Weekend (S

Survey Fee:

Transportation

) __S - RS __SI

; Photos

) Others

TOTAL