15/5/2010

| INS. CASE OWNER: | Ernest | CC 4 /AXA1800 | 9484, 5 mb39 | LKK: |
| | | | | IDAC: |

ASSIGNMENT

Surveyor: SEBASTIAN   DOI: 29/05/18   Date / Time: 23/5/18

Registered in Merimen: 23/5/18

Pre-assign / CCU / FTE
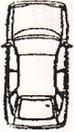
Insured Vehicle No. : SHC 5115 J

Name of Insured : TRANS-CAB SERVICES PIL

Insured Tel No. :   HP:

Excess Sec II :S$: $6000   D.O.A : 18/4/18

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

If NO, Driver Name / Age : PEREIRA DENNIS

Driver Tel No. :   (V/L: YES / NO)

Claim No. : 60472767

Policy No. : VPX1P168050.

Make / Model : RENAULT

Place of Accident : NASSIM RD.

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

Insured Liability :   %   **Final ? Yes / No**

SEV 6048C →
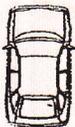
INSRS:
WSP: Carl motor
Tel :
Liability :
RMKS: 9618 2026
Date/ Time: AIR 91069

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

SEV 6048C - X   SHC 5115J - X

		STAGE	DATE / PIC
18/5/18 BENAN	- CAN DO DS	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
28/5/18	email to transcab.	After call ltr to OI:	28/05/18 - email
		Documentation Check List: Handler Typist	
		Notification ltr (if non-pickup)	
29/06/18	- File reviewed. OUR REAR-ENDED TP.	After call ltr to OI: EMAIL ✓	
	- EMAIL LIABILITY CLEAR	Authorisation To Act: ✓	
	- FINALIZED	Release Voucher: ✓	
	- ORIGINAL TP LOD IN	Final Repair Bill: ✓	
25/02/19	- FILE PASS TO REPORT TEAM TO TYPE	Car Rental Invoice:	
	REPORT FOR MANDATE.	Towing Invoice:	
	- REPORT DONE	LTA / GIA :	
26/02/19	- SEEK MANDATE APPROVAL TO AXA	Medical Bill:	
06/03/19	- AXA APPROVED MANDATE	PIR:	
07/03/19	- SEND ACCEPTANCE EMAIL TO TP.	Mandate/Reject Instruction: ✓	
	- BU IN. ALL DOCO IN ORDER.	LOD: ✓	
		Payment Breakdown Form:	

PRELIMINARY ADVICE Date/Time: Sent By:

Post-Repair Photos: ✓

Others:

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: T/B   S$ 2,262.40 (3 days) Reduction: 21 %   Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 11/03/19 Confirm with: RICHARD   Email ✓ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27 ✓	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 2,262.40	OI D vexn en a 7p ✓
Loss of Rental (LOR):	S$ — (days)	
Loss of Use (LOU):	S$ 300.00 ($100 x 3 days)	
Loss of Income (LOI):	S$ — ($ x days)	
LOR only ☐ LOU only ✓ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]		
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: $350.00
Total:	S$ 2,562.40 **Global Sum S$:** —	

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

Payee 1:	S$ 2,562.40	Name 1: CARL MOTOR & ENTERPRISE CENTRE PTE LTD
Payee 2: (Strike if N.A.)	S$ —	Name 2: —
Payee 3: (Strike if N.A.)	S$ —	Name 3: