15/5/2010

INS. CASE OWNER: CC 3 ASM ~~AXA~~1801 5090, KMB3 | LKK: | IDAC:

**ASSIGNMENT**

Surveyor: Kenneth. DOI: 17/8/18 Date / Time : 17/8/18. p

Registered in Merimen:

**Pre-assign / CCU / FTE**

Insured Vehicle No. : SGT 165. Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

**Excess Sec II :S$** D.O.A : 14/8/18. 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**

SHD 9487Z → → →

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

| Date/ Time | |
|---|---|
| | SHD9587Z-X SGT165-Y |
| 07/05/2020 | 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: L/sum S$ 7,200.00 ( 9 days) Reduction: 71 % Email ☐ Call ☐

**FINAL SETTLEMENT** Date/Time: 01/10/2019 Confirm with Jasmine Email ☑ Call ☐

| | | | |
|---|---|---|---|
| Final Liability: | % 100 | (Agreed / Assessed) BOLA S/N No. : 27 | If NO or B 28, Ass. Lia : |
| Repair Cost: w/GST | S$ 7,704.00 | | |
| Loss of Rental (LOR): | S$ 903.00 | ( 12 days) x $75.25 | |
| Loss of Use (LOU): | S$ | ($ x days) | |
| Loss of Income (LOI): | S$ 600.00 | ($ 50 x 12 days) | |
| LOR only ☐ LOU only ☐ | LOR + LOU ☐ | LOR + LOI ☑ [Tick only one] | |
| GIA/LTA Search | S$ 7.45 | | |
| Medical: | S$ | | 1) Claim status: Normal/[redacted] |
| Disbursement: | S$ | (e.g. Tow/ Independent ) | 2) Report Format: TP |
| Legal Cost | S$ | | 3) Survey fee: $350.00 |
| **Total:** | S$ 9,214.45 | **Global Sum S$:** 9,200.00 | |

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

| | | | |
|---|---|---|---|
| Payee 1: | S$ 9,200.00 | 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: | |