

INS. CASE OWNER:

KC

CC3 / AXA 14020947 / khoborl

LKK:

IDAC:

ASSIGNMENT

Surveyor:

KENNETH

DOI:

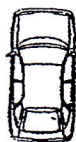
06/11/14

Date / Time:

06/11/14

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : 63W 7199A

Claim No. : _____

Name of Insured : _____

Policy No. : P1305555

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : S\$ _____ D.O.A : 04/11/14

Place of Accident : _____

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

If NO, Driver Name / Age : _____

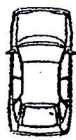
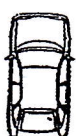
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : _____

(V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SHC 5035G

INSRS:
WSP: TRANS-CAB
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date / Time

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: P1P S\$ 1,103.33 (1.5 days) Reduction: 81 %

Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 21/02/2020 Confirm with WAI YIN

Email ☒ Call ☐

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : NIL

If NO or B 28, Ass. Lia :

Repair Cost: (w/650) S\$ 1,180.56

(OI RATED) TP VIDEO IN

Loss of Rental (LOR): S\$ 401.25 (3 days) x 4133.75

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

Loss of Income (LOI): S\$ - (\$ x days)

LOR only ☒ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]

GIA/LTA Search S\$ 6.00

Medical: S\$ -

Disbursement: S\$ - (e.g. Tow/ Independent)

Legal Cost S\$ -

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee: 4100.00

Total: S\$ 1,587.81 Global Sum S\$: -

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Payee 1: S\$ 1,587.81 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: -