

15/3/2010

INS. CASE OWNER:

CC3/AXA1600

LKK:

IDAC:

ASSIGNMENT

Surveyor:

Kenneth

DOI:

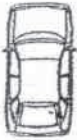
23/5/16

Date / Time:

23/5/16

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SKR 7686A

Claim No.:

Name of Insured:

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :S\$

D.O.A.:

20/5/16

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

84D9996B



INSRS:

WSP:

Tel:

Liability:

RMKS:

trans-cab



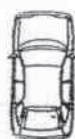
INSRS:

WSP:

Tel:

Liability:

RMKS:



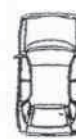
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time	STAGE	DATE / PIC
84D9996B-X	Non-Reporting ltr (1st):	
SKR 7686A-X	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:	Confirm by: KSC
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FINALIZATION	Date/Time:	Confirm with:	Confirm by: KSC
Repair Cost:	P/P S\$ 4,543.92	(3 days) Reduction:	78 %

FINAL SETTLEMENT	Date/Time: 27.09.21	Confirm with: WAI YIN	Email ☐ Call ☐
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Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No.:	NIL	If NO or B 28, Ass. Lia:
Repair Cost:	w/GST S\$ 4,861.99	OID REVERSED AND HIT TP		
Loss of Rental (LOR):	S\$ 663.40	(5 days) X \$132.68		
Loss of Use (LOU):	S\$ -	(\$ x days)		
Loss of Income (LOI):	S\$ 250.00	(\$50 x 5 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\$ -			
Total:	S\$ 5,781.39	Global Sum S\$:		

FINAL PAYMENT	Date/Time: 27.09.21	Confirm with: WAI YIN	Email ☐ Call ☐
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Payee 1:	S\$ 5,781.39	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:	