15/5/2010

INS. CASE OWNER: CC 3/AXA1900 5194, K 763 | LKK: | IDAC:

ASSIGNMENT

Surveyor: Kenneth. DOI: 21/3/19. Date / Time : 21/3/19

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : SLQ 14955 Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

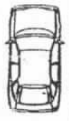
Excess Sec II :S$ D.O.A : 15/3/19. Place of Accident :

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 9731Z → → →



INSRS:
WSP: trans
Tel :
Liability : Cab
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHD 9731Z-X SLQ 14955-X

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:	KENNETH
Repair Cost: L/S	S$ 6850.00 (7 days)	Reduction: 20,482.17 % 75	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 21/04/2020	Confirm with JASMINE	Email ☑ Call ☐	
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 8	If NO or B 28, Ass. Lia :	
Repair Cost: (W/GST)	S$ 7329.50			
Loss of Rental (LOR):	S$ 811.30 (10 days)	x $81.13		
Loss of Use (LOU):	S$ ($ x days)			
Loss of Income (LOI):	S$ 500.00 50 x 10 days)			
LOR only ☐ LOU only ☐	LOR + LOU ☐	LOR + LO ☑ [Tick only one]		
GIA/LTA Search	S$ 7.49			
Medical:	S$		1) Claim status: Normal/Reject/Private Settle	
Disbursement:	S$	(e.g. Tow/ Independent)	2) Report Format:	TP
Legal Cost	S$		3) Survey fee:	$350.00
Total:	**S$** 8640.80	**Global Sum S$:**		
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐	
Payee 1:	S$ 8640.80	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:		