15/5/2010

INS. CASE OWNER: Stacey | CC ~~AXA1900~~ ASM 5988 / R, 663 | LKK: IDAC:

ASSIGNMENT

Surveyor: RASUL   DOI: 02/04/19   Date / Time: 4/4/19

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. :	SHC 5211P	Claim No. :	S9M02J01/ 108752
Name of Insured :	TRANS-CAB SERVICES PL	Policy No. :	VPX/ D16806 XD
Insured Tel No. :		Make / Model :	RENAULT
HP:			
Excess Sec II :S$		D.O.A : 2/4/19	Place of Accident : T2 TAXI QUEUE
Is driver the owner? (YES / NO)		Nature of Accident :	
If NO, Driver Name / Age :	HIM YUE SENG	OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO	
Driver Tel No. :	(V/L: YES / NO)	Insured Liability : %	Final ? Yes / No

SHD 2737D → → →

INSRS: WSP: prime auto Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time		STAGE	DATE / PIC
	SHD2737D – X SHC5211P – X	Non-Reporting ltr (1st):	
	– ~~FINALISED~~	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
	¥ Summit claim	Call OI:	
		After call ltr to OI:	10/04/19 – VIC

Documentation Check List: Handler Typist

Date/ Time		Item	Handler	Typist
10/04/19	– FILE REVIEWED. OI REAR-ENDED TP. SEND EMAIL TO OI TO NOTIFY TP CLAIM & NCD ISSUES.	Notification ltr (if non-pickup):		
	– TP LOD IN BY EMAIL	After call ltr to OI: EMAIL	✓	
		Authorisation To Act:	✓	
		Release Voucher:		
		Final Repair Bill:	✓	
17/05/19	– UPLOADED MANDATE LA IN OC	Car Rental Invoice:	✓	
20/05/19	– AXA APPROVED MANDATE	Towing Invoice		
04/06/19	– SEND ACCEPTANCE EMAIL TO TP.	LTA / GIA :		
	– ALL DOCS IN ORDER.	Medical Bill:		
	– TO CLOSE.	PIR:		
		Mandate/Reject Instruction:	✓	
		LOD	✓	
		Payment Breakdown Form:		
PRELIMINARY ADVICE	Date/Time: 17/05/19 Sent By: VIC	Post-Repair Photos:	✓	
		Others: DO FORM		

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: L/S	S$ 1,100.00 (2 days)	Reduction: 10 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 04/06/19	Confirm with AUDE	Email ✓ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 17	If NO or B 28, Ass. Lia : COLD REAR-ENDED TP
Repair Cost (W/GST)	S$ 1,177.00		
Loss of Rental (LOR):	S$ 266.70 (3 days) x $ 88.90		
Loss of Use (LOU):	S$ – (S x days)		
Loss of Income (LOI):	S$ – (S x days)		
LOR only ☐	LOU only ☐ LOR + LOU ☐	LOR + LO ☐ **[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: $350.00
Total:	**S$** 1,443.70	**Global Sum S$:**	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 1,443.70	Name 1: PRIME AUTO CLAIMS SERVICE PTE LTD	
Payee 2: (Strike if N.A.)	S$ –	Name 2: –	
Payee 3: (Strike if N.A.)	S$ –	Name 3: –	