INS. CASE OWNER: Jas Tan CC 4/ Asm 1900 7357/ E Rb3   LKK: / IDAC: 112615

ASSIGNMENT

Surveyor: Steve   DOI: 28/5/19   Date / Time: 28/4/19

Registered in Merimen: -

Pre-assign / CCU / FTE

Insured Vehicle No.: SHC 5139 R   Claim No.: S9M011L9C

Name of Insured: T/C SVS P/L   Policy No.:

Insured Tel No.:   HP: Make / Model:

Excess Sec II :S$ 5,000.00   D.O.A: 24/4/19   Place of Accident:

Is driver the owner? (YES / NO) [NO circled]   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

SLZ 5868B → → →

INSRS:	INSRS:	INSRS:	INSRS:
WSP: C&C	WSP:	WSP:	WSP:
Tel:	Tel:	Tel:	Tel:
Liability:	Liability:	Liability:	Liability:
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
	SLZ5868B, X.
	SHC5139R, CC4 (AXA1800571[illegible] / Sw03gr ; DOA: 16/3/18
	- CC4 (AXA18008580) KL[illegible]392 ; DOA: 6/5/18
30/6/2020	– Called OI, Tan sch. check with Wai Yn, OID hand [illegible] excess 80%.
@3.50pm	Called OID, Mr Neo. Confirm accident. OID said that he sleep in taxi to rest, He got pull his hand brake, suddenly he left an impact & he woke up.

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: P/P S$ 3223.05 (3 days) Reduction: 36 %   Email [ ] Call [ ]

FINAL SETTLEMENT Date/Time: 8/10/2020 Confirm with Amanda   Email [✓] Call [ ]

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No.: NIL	If NO of B 28, Ass. Lia:
Repair Cost: w/GST	S$ 3448.66	
Loss of Rental (LOR):	S$ 640.00 (4 days) × $160.00	
Loss of Use (LOU):	S$ – ($ x days)	
Loss of Income (LOI):	S$ – ($ x days)	
LOR only [✓] LOU only [ ] LOR + LOU [ ] LOR + LOI [ ] [Tick only one]		
GIA/LTA Search	S$ –	
Medical:	S$ –	1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ – (e.g. Tow/ Independent)	2) Report Format: O/P
Legal Cost	S$	3) Survey fee: $350.00
Total:	S$ 4088.66 Global Sum S$: 4050.00	

FINAL PAYMENT Date/Time: Confirm with: Email [✓] Call [ ]

Payee 1:	S$ 4050.00	Name 1:	Cycle & Carriage Industrial Pte Ltd
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	