15/5/2010

INS. CASE OWNER: CC3 / AXA1400 1742 / Kga3-1 | LKK: | IDAC:

ASSIGNMENT

Surveyor: Kenneth DOI: 27/01/2014 Date / Time : Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : SKL 1060 B Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 24/01/2014 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 5702J → → →

INSRS:	INSRS:	INSRS:	INSRS:
WSP: Trans-cab	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
	SHD 5702J - X SKL 1060B - X
13/6 -	Email cynthia to seek instruction on D/S 100% 85.
14/6 -	cynthia approved settle base on 55% ... globally base on judge final order. seek mandate of G/S #16,715.00.
6/7/19 -	F/up email send cynthia on the approval of mandate.
17/7 -	offer G/S $14,800/- (pending acceptance)
10/9 -	Settle @ G/S $14,800 (pending DV).
16/9 -	DV in, Admin to close (WPH)

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	14/5/14 VIC
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	X	
LTA / GIA :	✓	
Medical Bill:	X	
PIR:	✓	
Mandate/Reject Instruction:	✓	
LOD	✓	
Payment Breakdown Form:		
Post-Repair Photos:	X	
Others:	X	

PRELIMINARY ADVICE Date/Time: Sent By:

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: 46 S$ 33,000.00 (18. days) Reduction: $58,381.84 % 72. Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 9/4/2020 Confirm with Jasmine. Email ✓ Call ☐

Final Liability:	% 55	(Agreed / Assessed) BOLA S/N No. : 5.	If NO or B 28, Ass. Lia :
Repair Cost: $24,610	S$ 13,535.50	(W/GST)	
Loss of Rental (LOR): 3359.44	S$ 1407.69	(26 days) x $98.44 (W/GST)	
Loss of Use (LOU):	S$ —	($ x days)	
Loss of Income (LOI):	S$ —	($ x days)	
LOR only ✓ LOU only ☐	LOR + LOU ☐	LOR + LOI ☐ [Tick only one]	
LTA/LTA Search	S$ 6.00		
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: $350.
Total:	S$ 14,949.19	Global Sum S$: 14,800/-	

FINAL PAYMENT Date/Time: Confirm with: Email ✓ Call ☐

Payee 1:	S$ 14,800.00	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:	