

INS. CASE OWNER:

CC 3 / ASM19013061 / Kwa3

LKK:

IDAC:

Surveyor:

Kenneth

DOI:

ASSIGNMENT

23/7/19

Date / Time:

23/7/19

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SMK 5970E

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$\$ _____ D.O.A : 21/7/19

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

SHC 5404A

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

Date/ Time

26/06/2020

Pls refer to VIEWS for details.

SHC 5404A: CC4 / AXA 18011258 / Kwa3q2; D.O.A: 21/7/19
SMK 5970E: 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)	<input type="checkbox"/> <input type="checkbox"/>
After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
PIR:	<input type="checkbox"/> <input type="checkbox"/>
Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
LOD	<input type="checkbox"/> <input type="checkbox"/>
Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
Others:	<input type="checkbox"/> <input type="checkbox"/>

PRELIMINARY ADVICE		Date/Time:	Sent By:		Confirm by:
FINALIZATION	Date/Time:	Confirm with:		Confirm by:	
Repair Cost: L/sum	\$S\$4,500.00	(04 days)	Reduction: 85 %	Email <input type="checkbox"/>	Call <input type="checkbox"/>
FINAL SETTLEMENT	Date/Time: 26/06/2020	Confirm with Wai Yin		Email <input checked="" type="checkbox"/>	Call <input type="checkbox"/>
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. 3		NIL	
Repair Cost: w/GST	\$S\$ 4,815.00				
Loss of Rental (LOR):	\$S\$ 290.97	(3 days)	x \$96.99		
Loss of Use (LOU):	\$S\$ _____	(x days)			
Loss of Income (LOI):	\$S\$ 150.00	(\$50 x 3 days)			
LOR only <input type="checkbox"/>	LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/>	LOR + LOI <input checked="" type="checkbox"/>	[Tick only one]	
GIA/LTA Search	\$S\$ 7.45				
Medical:	\$S\$				
Disbursement:	\$S\$	(e.g. Tow/ Independent)			
Legal Cost	\$S\$				
Total:	\$S\$ 5,263.42	Global Sum \$S\$: 5,200.00			
FINAL PAYMENT	Date/Time:	Confirm with:		Email <input checked="" type="checkbox"/>	Call <input type="checkbox"/>
Payee 1:	\$S\$ 5,200.00	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:			

- 1) Claim status: Normal/~~Reject/Private~~
 2) Report Format: TP
 3) Survey fee: \$350.00