

15/5/2010

INS. CASE OWNER:

be

CC 4 ASM
AXA 1901

4877, F

s3

LKK:

IDAC:

Surveyor:

SLOVE

DOI:

ASSIGNMENT

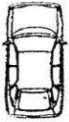
22/8/19

Date / Time:

22/8/19

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SHD 311L

Name of Insured:

TRANS-CAB SERVICES PU

Insured Tel No.:

HP:

Excess Sec II : \$S

D.O.A.:

22/8/19

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age: YAP SM TEER

Driver Tel No.:

(V/L: YES / NO)

Claim No.:

SAMOYIY 132975

Policy No.:

VFX / P168V520

Make / Model:

REMYANT

Place of Accident:

SEKUNYON RD

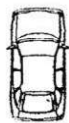
OI GIA REPORT: YES / NO : TP GIA REPORT: YES / NO

Insured Liability:

%

Final ? Yes / No

SHD 9717C



INSRS:

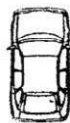
WSP:

Tel:

Liability:

RMKS:

SMKT



INSRS:

WSP:

Tel:

Liability:

RMKS:



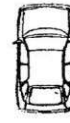
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time	STAGE	DATE / PIC
SHD 9717C - K	Non-Reporting ltr (1st):	
SHD 9717C - K	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:	Confirm by:
FINALIZATION	Date/Time: 1354.88	Confirm with: 81	Confirm by: Email ☐ Call ☐
Repair Cost: PIP	\$S 1354.88	(3 days) Reduction: 81	%
FINAL SETTLEMENT	Date/Time: 28/2/2020	Confirm with:	Email ☐ Call ☐
Final Liability:	% 50	(Agreed / Assessed) BOLA S/N No. : N/A	If NO or B 28, Ass. Lia :
Repair Cost: 1354.88	\$S 677.44		
Loss of Rental (LOR) 416.53	\$S 233.26	(4 days) X \$ 116.63	
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 -		
Disbursement:	\$S -	(e.g. Tow/ Independent)	
Legal Cost	\$S -		
Total:	\$S 910.70	Global Sum \$S: 900.00	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	\$S 900.00	Name 1: SMKT TAXIS Pte Ltd	
Payee 2: (Strike if N.A.)	\$S -	Name 2:	
Payee 3: (Strike if N.A.)	\$S -	Name 3:	