

INS. CASE OWNER:

JIMMY FOO

CC3/AIG19016886/Kka3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

KENNETH

DOI: 24/09/2019

Date / Time : 24/09/2019

Registered in Merimen: 25/09/2018

Pre-assign / CCU / FTE



Insured Vehicle No. : SKZ 2745D

Claim No. : 0726226266SG

Name of Insured : YAP BOON KIAT

Policy No. : 2100447999

Insured Tel No. : HP: +65-98336995

Make / Model : SUBARU XV-2.0 (A)

Excess Sec II : \$\$ D.O.A : 15/09/2019 06:15

Place of Accident : CHANGI VILLAGE ROAD

Is driver the owner? (YES / NO) Nature of Accident :

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

If NO, Driver Name / Age :

Insured Liability : % Final ? Yes / No

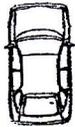
Driver Tel No. :

(VL: YES / NO)

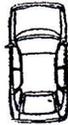
SHD 5876R



INSRS:
WSP: TRANS-CAB
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
SHD 5876R - CC3/LCR17011815/Khb3q2; DOA: 15.06.17	Non-Reporting ltr (1st):	
- CS/TP15001414/Kqbk3; DOA: 21.01.15	Non-Reporting ltr (2nd):	
SKZ 2745D - CC4/AXA16020546/Kwb3s2; DOA: 25.10.16	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"/>

21/9/2020
1chronling

File pass to type mandate.

PRELIMINARY ADVICE Date/Time: Sent By: Confirm with: Confirm by: Email Call

FINALIZATION Date/Time: Confirm with: Confirm by: Email Call

Repair Cost: PIP \$S 1,202.83 (2 days) Reduction: 94 %

FINAL SETTLEMENT Date/Time: 6/5/2021. Confirm with: [Signature]

Final Liability: % 50 (Agreed / Assessed) BOLA S/N No. : Nil

Repair Cost: \$1287.03 \$S 643.52 (w/ GST)

Loss of Rental (LOR): \$170.10 \$S 85.05 (1.5 days) x \$ -113.40

Loss of Use (LOU): \$S (\$ x days)

Loss of Income (LOI): \$S 37.50 (\$ 50 x 1.5 days)

LOR only LOU only LOR + LOU LOR + LOI [Tick only one]

GIA/LTA Search \$S 7.95

Medical: \$S

Disbursement: \$S (e.g. Tow/ Independent)

Legal Cost \$S

Total: \$S 773.52 **Global Sum \$S:** 770.00

1) Claim status: Normal/Reject/Private Settle

2) Report Format: TP

3) Survey fee: \$320/-

FINAL PAYMENT Date/Time: Confirm with: Email Call

Payee 1: \$S 770.00. 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: