

INS. CASE OWNER:

CC 3 / A/G 2000 1355 / Kes3

IDAC:

Surveyor:

Kenneth

DOI:

ASSIGNMENT

21/1/2020

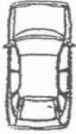
Date / Time :

21/1/2020

Registered in Merimen:

22/1/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SKA 6619R

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : S\$ _____ D.O.A : 18/1/2020

Place of Accident : _____

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

If NO, Driver Name / Age : _____

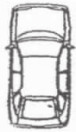
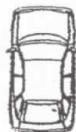
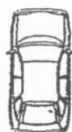
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : _____

(V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SHD 123M

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

Date/ Time		STAGE	DATE / PIC
	SHD 123M : CC3 / AXA 16007802 / KPA352 ; DOA: 21/4/16	Non-Reporting ltr (1st):	
	SKA 6619R : X	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: KSC
Repair Cost:	L/S S\$ 5,000.00	(5 days) Reduction:	86 % Email ☐ Call ☐
FINAL SETTLEMENT		Date/Time: 15.10.20	Confirm with: WAI YIN Email ☐ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :	
Repair Cost:	w/GST S\$ 5,350.00	OI REAR ENDED TP	
Loss of Rental (LOR):	S\$ 693.91 (7 days) X \$99.13		
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\$ 7.49		
Medical:	S\$ -	1) Claim status: Normal/Reject/Dispute Settle	
Disbursement:	S\$ - (e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost	S\$ -	3) Survey fee: \$320	
Total:	S\$ 6,051.40	Global Sum S\$ 6,050.00	
FINAL PAYMENT		Date/Time: 15.10.20	Confirm with: WAI YIN Email ☐ Call ☐
Payee 1:	S\$ 6,050.00	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:	