15/5/2010

INS. CASE OWNER:

CC3/CTI20002263/Kda3

LKK:

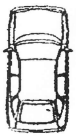
IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 07/02/2020 Date / Time : 07/02/2020

Registered in Merimen: ——

Pre-assign / CCU / FTE



Insured Vehicle No. : PC 6169C Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

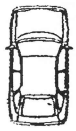
Excess Sec II :S$ D.O.A : 03/02/2020 Place of Accident :

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

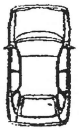
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

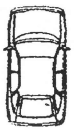
SHF 738D → → →



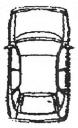
INSRS:
WSP: TRANS-CAB
Tel : AUTO
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	PC 6169C SHF 738D } NBA/CTI20001916/Y; DOA: 03.02.2020 - CC3/AIG17008286/Kwb3q2 ; DOA : 21.04.17 - CC3/AXA16011224/Kwb3q2 ; DOA: 13.06.16
26-02-20	O/I CHOSE TO OVERTAKE T/P FROM BEHIND AND SQUEEZED IN FRONT OF T/P IS PRIMARILY LIABLE FOR THE COLLISION

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)	☐	☐
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:
Repair Cost:	S$ 2400.00 (2 days) Reduction: 90 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 23/9/2020	Confirm with Ng Wai Yin	Email ☑ Call ☐
Final Liability:	% 50 (Agreed / Assessed)	BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost: $2568	S$ 1284.00		
Loss of Rental (LOR): $380.16	S$ 190.08 (4 days) x $95.04		
Loss of Use (LOU):	S$ - ($ x days)		
Loss of Income (LOI): $200	S$ 100.00 ($ 50 x 4 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/Private Settle
Disbursement:	S$ -	(e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S$ -		3) Survey fee: $400
Total:	S$ 1581.57	**Global Sum S$:**	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 1581.57	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:	