

INS. CASE OWNER:

CC 3 / AIG 2000 3564 / KH53

IDAC:

ASSIGNMENT

b

Surveyor:

Kenneth

DOI:

3/3/2020

Date / Time:

3/3/2020

Registered in Merimen:

4/3/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SLK 9813L

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : SS D.O.A : 29/2/2020

Place of Accident : _____

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

If NO, Driver Name / Age : _____

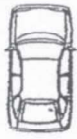
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : _____

(V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SHC 5831A

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
	SHC5831A:CCU/AXA/5017694/K223q2; DOA:23/7/15	Non-Reporting ltr (1st):	
	SLK 9813L : 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	☐
12/05/2021	SETTLED AND CLOSED / FILE IN DRAWER	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:	L/S	S\$ 5,950.00	(5 days)	Reduction: 90.55 %	Email ☐ Call ☐
FINAL SETTLEMENT		Date/Time:	Confirm with		Email ☒ Call ☐
Final Liability:	%	100	(Agreed / Assessed) BOLA S/N No. : 24		If NO or B 28, Ass. Lia :
Repair Cost: (W/GST)	S\$	6,366.50			
Loss of Rental (LOR):	S\$	649.04	(8 days)	X \$81.13	
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\$	7.45			
Medical:	S\$				
Disbursement:	S\$	(e.g. Tow/ Independent)			
Legal Cost	S\$				
Total:	S\$	7,022.99	Global Sum S\$:		7,000.00
FINAL PAYMENT		Date/Time:	Confirm with:		Email ☐ Call ☐
Payee 1:	S\$	7,000.00	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 Settle

2) Report Format:

TP

3) Survey fee:

\$320.00