

INS. CASE OWNER:

CC3 / CT120003865

1KPa3

LKK:
IDAC:LIABILITY
(Video)

ASSIGNMENT

Surveyor:

Kenneth

DOI:

9/3/2020

Date / Time:

11/3/2020

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

SGJ898R

Name of Insured :

Goh Yen Nee

Insured Tel No. :

HP:

Claim No. :

Policy No. :

Make / Model :

Mercedes-Benz GLC250

Place of Accident :

Finlayson Green

Excess Sec II :SS

D.O.A : 8/3/2020

Is driver the owner?

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age : mok Lip yang

Driver Tel No. : 9099 0038

(V/L: YES / NO)

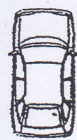
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability :

%

Final ? Yes / No

SHD 9785T



INSRS:

WSP: Trans Cab

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SHD 9785T - CC3/AXA17005203/Keb3s2 ; 11/3/17
 - CC4/AXA17017415/Kb392 ; 5/9/17
 - CC5/AXA1701638/Unb392 ; 12/5/17
 SGJ898R - 01/01/2020 2007/1/1/17 ; 8/3/2020
 - 01/01/2020 2007/1/1/17 ; 19/1/18

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\$ 5250.00 (5 days) Reduction: 86 %

Email ☐ Call ☐

FINAL SETTLEMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

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

If NO or B 28, Ass. Lia :

Repair Cost: S\$ 2808.75

Loss of Rental (LOR): S\$ 202.83 (5 days) x \$ 81.13

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

Loss of Income (LOI): S\$ 125.00 (\$ 50 x 5 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\$ 3144.03 Global Sum S\$: 3140.00

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Payee 1: S\$ 3140.00

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: