15/5/2010

INS. CASE OWNER: CC3/AIG20004772/Kea3

LKK:

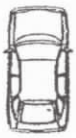
IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 31/03/2020 Date / Time : 31.03.2020

Registered in Merimen: 01.04.2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SMJ 9818S Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

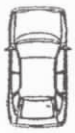
Excess Sec II :S$ D.O.A : 25/03/2020 23:20 Place of Accident : RIVER VALLEY RD > LEONIE ROAD

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

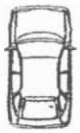
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

SHC 5549R → → →



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



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHC 5549R - CC3/AIG17004715/Kyb3q2 04/03/2017 CC4/AXA18010794/Kea3q2 09/06/2018 CS/TP11025950/Kcw1 07/07/2011 CS3/AXA18012337/Az4d3s2 24/06/2018 SMJ 9818S - X

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: KSC

Repair Cost: L/S S$ 3,900.00 (3 days) Reduction: 87 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 03.12.20 Confirm with WAI YIN Email ☐ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 15	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 4,173.00	OI CHANGED LANE HIT TP
Loss of Rental (LOR):	S$ 324.52 (4 days) X $81.13	
Loss of Use (LOU):	S$ - ($ x days)	
Loss of Income (LOI):	S$ 200.00 ($ 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/[redacted]
Disbursement:	S$ - (e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S$ -	3) Survey fee: $320
Total:	**S$ 4,705.01** **Global Sum S$:**	

FINAL PAYMENT Date/Time: 03.12.20 Confirm with: WAI YIN Email ☐ Call ☐

Payee 1:	S$ 4,705.01	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:	