

ASSIGNMENT

Surveyor:

ADRIANDOI: **23/04/2020**Date / Time : **22/04/2020**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **SHF 589S**Claim No. : **S0M02MTX**Name of Insured : **TRANS-CAB SERVICES PTE LTD**Policy No. : **P2348706**

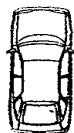
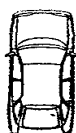
Insured Tel No. : _____ HP: _____

Make / Model : **RENAULT LATITUDE-2.0 D DCI (A)****Excess Sec II :S\$** _____ D.O.A : **20/04/2020 13:50**Place of Accident : **DEFU LANE 1 X DEFU AVENUE 2**

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

If NO, Driver Name / Age : **MUN SIEW SUAN**

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

Driver Tel No. : **+65-92413119** (V/L: YES / NO)Insured Liability : % **Final ? Yes / No****GBA 7618T**INSRS:
WSP: **J-MART**
Tel : **MOTOR**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	GBA 7618T - NA/LPC20005318/z4; 20/04/2020	STAGE DATE / PIC
	SHF 589S - CC3/AIG18021049/Kdb3q2; 19/11/18	Non-Reporting ltr (1st):
	CC3/CTI18022592/Kdb3q2; 13/12/18	Non-Reporting ltr (2nd):
	NA/CTI18022821/k4; 20/12/18	Non-Reporting ltr (Final):
	NA/LPC20005318/z4; 20/04/2020	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: ☐ ☐
PRELIMINARY ADVICE Date/Time: _____ Sent By: _____		Post-Repair Photos: ☐ ☐
		Others: ☐ ☐
FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____		
Repair Cost: L/S S\$ 3500.00 (14 days) Reduction: 15,948.50 % 82		Email ☐ Call ☐
FINAL SETTLEMENT Date/Time: 21/09/2020 Confirm with JIE		Email ☒ Call ☐
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : NIL		If NO or B 28, Ass. Lia :
Repair Cost: S\$ 3500.00 (AXA'S INSTRUCTION) (W/GST)		
Loss of Rental (LOR): S\$ 1120.00 (14 days) x \$80		(OI FROM MINOR TO MAJOR RD, TP AT MAJOR RD)
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\$		
Medical: S\$		1) Claim status: ☒ Normal/Reject/Private Settle
Disbursement: S\$ 100.00 (e.g. ☒ Tax / Independent)		2) Report Format: TP
Legal Cost S\$ (AXA'S INSTRUCTION)		3) Survey fee: \$350.00
Total: S\$ 4720.00 Global Sum S\$: 5000.00		
FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email ☒ Call ☐		
Payee 1: S\$ 5000.00 Name 1: J-MART MOTOR PTE LTD		
Payee 2: (Strike if N.A.) S\$ Name 2:		
Payee 3: (Strike if N.A.) S\$ Name 3:		