

INS. CASE OWNER:

CC3 / AXA1600

8447, K2a3

LKK:  
IDAC:

Surveyor:

KENNETH

DOI:

ASSIGNMENT

06/05/16

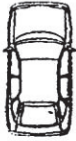
Date / Time:

06/05/16

Registered in Merimen:

10/5/16

Pre-assign / CCU / FTE



Insured Vehicle No.:

SKP 4291K

Claim No.:

C0382818

Name of Insured:

Policy No.:

GA061929

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :SS

D.O.A.:

04/05/16

Place of Accident:

Eunos Link turning onto Bedok Reservoir Rd

Is driver the owner?

( YES / NO )

Nature of Accident:

If NO, Driver Name / Age:

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

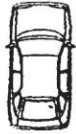
Driver Tel No.:

(V/L: YES / NO)

Insured Liability: %

Final ? Yes / No

SHF 710H



INSRS:

WSP:

Tel:

Liability:

RMKS:

Trans. Cab



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

SHF 710H - 03/AXA16002961/K2a3 ; D.O.A. 04/05/16  
SKP 4291K - 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:

CLAIMANT - TRANS-CAB SERVICES PTE LTD

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: L/S S\$ \$615.00 ( 1 days) Reduction: \$9,300.73% 94

Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 07/06/2022 Confirm with WAI YIN

Email ☒ Call ☐

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

If NO or B 28, Ass. Lia:

Repair Cost: 658.05 S\$ 329.03 W/GST

Loss of Rental (LOR): 398.04 S\$ 199.02 ( 3 days) x \$132.68

CONFLICTING VERSION

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

Loss of Income (LOI): 150 S\$ 75.00 (\$ 50 x 3 days)

LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☒ [Tick only one]

GIA/LTA Search S\$ 6.00

Medical: S\$

Disbursement: S\$ (e.g. Tow/ Independent)

Legal Cost S\$

1) Claim status: ☒ Normal/Reject/Private Settle

2) Report Format: TP

3) Survey fee: \$100

Total: S\$ 609.05 Global Sum S\$: 600.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☒ Call ☐

Payee 1: S\$ 600.00

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:

ASS. REC. BY:

REF: ALAKenneth**ASSIGNMENT**

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: \_\_\_\_\_

at Workshop m/s Trans Cab

of \_\_\_\_\_

Insured: \_\_\_\_\_

Policy No. \_\_\_\_\_

Claims No. \_\_\_\_\_

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

Remark: The veh had commenced its  
repair at the time of inspection.

|     |     |
|-----|-----|
|     |     |
| N/S | O/S |
|     |     |

Bal. or Market Value: \_\_\_\_\_

IDAC Accident Rpt: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: 01 days Res.: Yes or NoLum Sum: 1-B. p% 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: S14P 71014 Yr Regn: 12, 14

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Perant 2017 c.c. 1995Colour M. White / Red A/C: Insured / Std / NI / NASp. Reading 141872 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: VI-1ABCL15AUC 281194Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim orTyre Size: F: G4 215/60R16R: 215/60R16BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
TOYO / YOKO or

Front

Rear

R/Bal. 4 mm R/Bal. 7 mmL/Bal. 4 mm L/Bal. 7 mmD.O.A. 4/3/16 D.O.I. 6/5/16Survey held at ✓

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

O/S Frt

The U/C / Chassis frame / Body Structure affected due to collision.

| Date / Time | Action / Instruction        |
|-------------|-----------------------------|
| <u>9/5</u>  | <u>File pass to Carhome</u> |
| <u>4</u>    | <u>8615-00 Panel</u>        |
|             |                             |
|             |                             |
|             |                             |
|             |                             |
|             |                             |
|             |                             |
|             |                             |

Date/Time, File Pass to?

☐ : Prel. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

S + RS. \$

Photos

Others

TOTAL

Add Fee: ☐ : Site Insp (\$ )☐ : Interview (\$ )☐ : Tech. Invs (\$ )☐ : Weekend (\$ )

Report Format : \_\_\_\_\_

Lump Sum / I.B.I. (\$) \_\_\_\_\_