15/5/2010

INS. CASE OWNER: CC3 /AXA1600 8447 / KZa3 g -1 LKK: IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 06/05/16 Date / Time : 06/05/16

Registered in Merimen: 06/05/16

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 :S$ 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 : Trans. Cab
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHF 710H. cc3/AXA1600 2961/KZa3 ; DOA: 18/04/16
	SKP 4291K - X
	CLAIMANT - TRANS-CAB SERVICES PTE LTD
	TPV: RENAULT LATITUDE - 1995cc

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: 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$		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$	(e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S$		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: Kenneth

REF: AKA/

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 Rport: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 01 days Res.: Yes or No

Lum Sum: 1.B.I % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SJF 7101 Yr Regn: 12/19

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

Truck / Trailer or _____

Make: Renault Nettuck c.c 1995

Colour M.White/Red A/C: Insured / Std / NI / NA

Sp.Reading 141872 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: VF1ABC15AUC* 23 1197

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modi : Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: GY 215/60R16

R: Falken

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or _____

Front		Rear	
R/Bal.	4 mm	R/Bal.	7 mm
L/Bal.	4 mm	L/Bal.	7 mm
D.O.A.	4/5/16	D.O.I.	6/5/16

Survey 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
9/5	File pass to Corkerine
4	8 615-00 faxed

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Report Format : _____

Lump Sum / I.B.I: ($ _____)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Weekend ($ _____)

Survey Fee:	
Transportation:	
___S + RS___SI	
Photos	
Others	
TOTAL	