

CC3/AXA15002341/Kka3n2-1

15/5/2010

INS. CASE OWNER:

~~CC / AIG 1988~~

LKK:  
IDAC:

**ASSIGNMENT**

Surveyor: KENNETH DOI: 05/02/2015 Date / Time : \_\_\_\_\_  
Registered in Merimen: \_\_\_\_\_

Pre-assign / CCU / FTE



Insured Vehicle No. : GBA8417A Claim No. : \_\_\_\_\_  
Name of Insured : \_\_\_\_\_ Policy No. : \_\_\_\_\_  
Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_ Make / Model : \_\_\_\_\_  
Excess Sec II : \$\$ D.O.A : 04/02/2015 07:45 Place of Accident : SIMS AVENUE  
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

SHB7930P



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



INRSR:  
WSP:  
Tel :  
Liability :  
RMKS:



INRSR:  
WSP:  
Tel :  
Liability :  
RMKS:



INRSR:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time	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:		
	<b>Documentation Check List: Handler Typist</b>		
	Notification ltr (if non-pickup)	<input type="checkbox"/>	<input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/>	<input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/>	<input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/>	<input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/>	<input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/>	<input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/>	<input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/>	<input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>	<input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/>	<input type="checkbox"/>
	LOD	<input type="checkbox"/>	<input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>	<input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/>	<input type="checkbox"/>
	Others:	<input type="checkbox"/>	<input type="checkbox"/>
<b>PRELIMINARY ADVICE</b> Date/Time: _____ Sent By: _____			
<b>FINALIZATION</b> Date/Time: _____ Confirm with: _____ Confirm by: _____			
Repair Cost:	\$S 1,900	( 2 days) Reduction: 10.505.20/85 %	Email <input type="checkbox"/> Call <input type="checkbox"/>
<b>FINAL SETTLEMENT</b>	Date/Time: 25/11/2020	Confirm with: WAI YIN	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Final Liability:	100 % 50	(Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia : 50%
Repair Cost:	(w/cst) 2,033.00	\$S 1,016.50	
Loss of Rental (LOR):	283.55	\$S 141.77 ( 2.5 days) x \$113.42	
Loss of Use (LOU):	\$S	(\$ x days)	
Loss of Income (LOI):	\$S	(\$ x days)	
LOR only <input checked="" type="checkbox"/> LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/> LOR + LO <input type="checkbox"/>	[Tick only one]	
GIA/LTA Search	\$S		
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: \$350
<b>Total:</b>	2,316.55	\$S 1,158.27	Global Sum \$S: 1,150.00
<b>FINAL PAYMENT</b> Date/Time: _____ Confirm with: _____ Email <input type="checkbox"/> Call <input type="checkbox"/>			
Payee 1:	\$S 1,150.00	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:	