15/5/2010

INS. CASE OWNER: CC3/FCI20006390/Kea3

LKK:

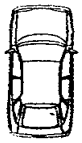
IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 16/06/2020 Date / Time : 16/06/2020

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SHA 7057R Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

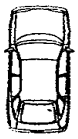
Excess Sec II :S$ D.O.A : 15/06/2020 Place of Accident :

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

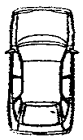
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

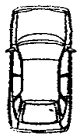
SHD 321H → → →



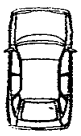
INSRS:
WSP: TRANS-CAB
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHD 321H - CC3/AIG19000429/Khb3q2 ; 04/01/2019
	CC3/AXA12000709/Khdf1 ; 05/01/2012
	CC3/III16007791/Kzb3q2 ; 23/04/2016
	CC4/AIG08033959/Dpn ; 27/12/2008
	NA/DAI13019629/e1 ; 19/10/2013
	SHA 7057R- CC3/AXA12011274/H1edq2 ; 05/06/2012
	CC3/AXA12012206/H1ec3f1 ; 16/06/2012
	CC3/FCI14006057/Kvm3k3 ; 06/01/2014
	CC3/LCR17019046/K1zb3q2 ; 30/09/2017
	CS/FCI12012045/Ay1d1 ; 16/06/2012
	CS/FCI18001190/Ktd3n2 ; 16/01/2018

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$ 3,600.00 (4 days) Reduction: 89 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 10.09.20 Confirm with WAI YIN Email ☐ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 3,852.00 OID REAR ENDED TP	
Loss of Rental (LOR):	S$ 490.64 (4 days) x $122.66	
Loss of Use (LOU):	S$ - ($ 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$ -	
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: $600
Total:	**S$** 4,542.64 **Global Sum S$:**	

FINAL PAYMENT Date/Time: 10.09.20 Confirm with: WAI YIN Email ☐ Call ☐

Payee 1:	S$ 4,542.64	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:	