

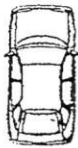
INS. CASE OWNER:

~~CC3 / AIG 2000 7666 / Kks3~~

ASSIGNMENT

Surveyor: KennethDOI: 24/07/2020Date / Time : 27/04/2020Registered in Merimen: 27/04/2020

Pre-assign / CCU / FTE

Insured Vehicle No. : SKR 5710B

Claim No. : _____

Name of Insured : CHONG SHIN KIAN

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : S\$ _____ D.O.A : 23/07/2020

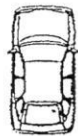
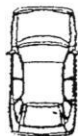
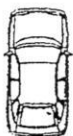
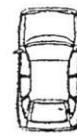
Place of Accident : _____

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

If NO, Driver Name / Age : _____

OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NODriver Tel No. : _____ (V/L: ☒ YES / NO)

Insured Liability : _____ % Final ? Yes / No

SHC 5860RINSRS:
WSP: TRANS-CAB
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SHC 5860R : CC4/AXA17006037/Uhb3q2 ; DOA : 15/03/2017 SKR 5710B : X	STAGE	DATE / PIC	
10/02/2021	Pls refer to VIEWS for details.	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:	☐	☐		
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____	Post-Repair Photos:	☐ ☐	
Others:	☐ ☐			
FINALIZATION	Date/Time: _____ Confirm with: _____	Confirm by: _____	Email ☒ Call ☐	
Repair Cost: <u>L/sum</u>	S\$ <u>6,750.00</u> (<u>7</u> days) Reduction: <u>79</u> %			
FINAL SETTLEMENT	Date/Time: <u>10/02/2021</u> Confirm with <u>Wai Yin</u>	Email ☒ Call ☐		
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>28</u>	If NO or B 28, Ass. Lia : <u>0</u>		
Repair Cost: <u>w/GST</u>	S\$ <u>7,222.50</u>			
Loss of Rental (LOR):	S\$ <u>665.28</u> (<u>7</u> days) <u>x\$95.04</u>			
Loss of Use (LOU):	S\$ _____ (\$ <u>x</u> days)			
Loss of Income (LOI):	S\$ <u>350.00</u> (\$ <u>50</u> x <u>7</u> days)			
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☒ [Tick only one]				
GIA/LTA Search	S\$ <u>7.45</u>			
Medical:	S\$ _____	1) Claim status: Normal/Reject/Private Settle		
Disbursement:	S\$ _____ (e.g. Tow/ Independent)	2) Report Format: <u>TP</u>		
Legal Cost	S\$ _____	3) Survey fee: <u>\$320.00</u>		
Total:	S\$ <u>8,245.23</u> Global Sum S\$ <u>8,200.00</u>			
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email ☒ Call ☐		
Payee 1:	S\$ <u>8,200.00</u> Name 1: <u>Trans-cab Auto Services Pte Ltd</u>			
Payee 2: (Strike if N.A.)	S\$ _____ Name 2: _____			
Payee 3: (Strike if N.A.)	S\$ _____ Name 3: _____			