15/5/2010

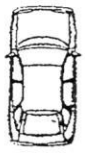
INS. CASE OWNER: CC 3 / CTI 2000 8028 / ~~Kdo3~~ Krs3q2 | LKK: | IDAC:

ASSIGNMENT

Surveyor: Kenneth DOI: 03/08/2020 Date / Time : 03/08/2020

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : GBD 209X

Name of Insured : PRESTIGE MAINTENANCE & ENGINEERING PTE LTD

Insured Tel No. : HP:

Excess Sec II :S$

Is driver the owner? (YES / NO)

If NO, Driver Name / Age :

Driver Tel No. :

Claim No. :

Policy No. :

Make / Model :

D.O.A : 29/07/2020

Place of Accident :

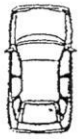
Nature of Accident :

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

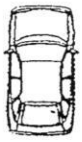
(V/L: YES / NO)

Insured Liability : % **Final ? Yes / No**

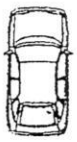
SHF 557J → → →



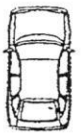
INSRS:
WSP: TRANS-CAB
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHF 557J : CC3/AXA16006333/Kub3s2 ; DOA : 03/04/2016
	GBD 209X : NA/CTI20007891/z4 ; DOA : 29/07/2020

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/SUM	S$ 8,100.00 (4 days)	Reduction: 79 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 08/04/2021	Confirm with WAIYIN	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 0
Repair Cost: w/GST	S$ 8,667.00		
Loss of Rental (LOR):	S$ 486.78 (7 days)	x $81.13	
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI):	S$ ($ x days)		
LOR only ☑ LOU only ☐	LOR + LOU ☐	LOR + LOI ☐ [Tick only one]	
GIA/LTA Search	S$ 7.45		
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: 400.00
Total:	S$ 9,161.23	**Global Sum S$:**	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐

Payee 1:	S$ 9,161.23	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:	