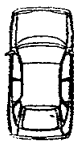


ASSIGNMENTSurveyor: KENNETHDOI: 12/08/2020Date / Time : 12/08/2020Registered in Merimen: 14/08/2020**Pre-assign / CCU / FTE**Insured Vehicle No. : SMM 4454A

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 08/08/2020 22:30

Place of Accident : _____

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

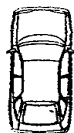
If NO, Driver Name / Age :

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

Driver Tel No. :

(V/L: YES / NO)

Insured Liability : %

Final ? Yes / No**SHD 419K**INSRS:
WSP: **TRANS-CAB**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	SMM 4454A - X	STAGE	DATE / PIC
	SHD 419K - CC3/AIG15004528/Kza3c2 ; 11/03/2015	Non-Reporting ltr (1st):	
	CC3/III16024818/Kyb3q2 ; 25/12/2016	Non-Reporting ltr (2nd):	
	CC4/AXA17000878/pb3XX ; 12/01/2017	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:
Repair Cost: L/S	S\$ 2450.00	(2.5 days) Reduction: 10,647.33 % 81	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 23/04/2021	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:	S\$ 2,621.50	W/GST	
Loss of Rental (LOR):	S\$ 247.83	(2.5 days) x \$99.13	
Loss of Use (LOU):	S\$	(\$ x days)	
Loss of Income (LOI):	S\$ 125.00	(\$ 50 x 2.5 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: \$320.00
Total:	S\$ 3,001.78	Global Sum S\$: 2950.00 (AIG'S INSTRUCTION)	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☒ Call ☐
Payee 1:	S\$ 2950.00	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:	