15/5/2010

INS. CASE OWNER: CC3 / CTI 2000 8752 / Kes3

LKK:

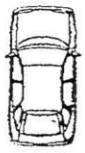
IDAC:

ASSIGNMENT

Surveyor: Kenneth DOI: 18/08/2020 Date / Time : 18/08/2020

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SCM 1234G Claim No. :

Name of Insured : NG BOON LIN Policy No. :

Insured Tel No. : HP: Make / Model :

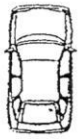
Excess Sec II :S$ D.O.A : 17/08/2020 Place of Accident :

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

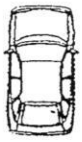
If NO, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

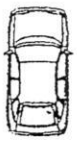
SHC 5344P → → →



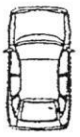
INSRS:
WSP: TRANS-CAB
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHC 5344P : CC3/AIG20002021/Kea3 ; DOA : 01/02/2020
	SCM 1234G : CC6/AXA15001448/Gya3q2 ; DOA : 20/01/2015
	- Please check / verify OID DL

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$ 3,850.00 (3 days)	Reduction: 86 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 31.03.21	Confirm with WAI YIN	Email ☐ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 15	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 4,119.50		OID CHANGED LANE HIT TP
Loss of Rental (LOR):	S$ 332.64 (3.5 days)	X $95.04	
Loss of Use (LOU):	S$ - ($ x days)		
Loss of Income (LOI):	S$ 175.00 ($50 x 3.5 days)		
LOR only ☐ LOU only ☐	LOR + LOU ☐ LOR + LOI ☑ [Tick only one]		
GIA/LTA Search	S$ 7.49		
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: $400
Total:	S$ 4,634.63	Global Sum S$: 4,630.00	
FINAL PAYMENT	Date/Time: 31.03.21	Confirm with: WAI YIN	Email ☐ Call ☐

Payee 1:	S$ 4,630.00	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:	