15/5/2010

INS. CASE OWNER: CC3/III20009395/Kba3

LKK:

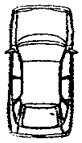
IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 02/09/2020 Date / Time : 02/09/2020

Registered in Merimen: 03/09/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SBF 1S Claim No. : MPC2020D0001693

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

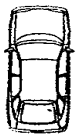
Excess Sec II :S$ D.O.A : 01.09.2020 13:50 Place of Accident : GRANGE ROAD

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

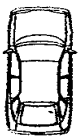
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

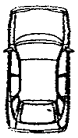
SHC 5088D → → →



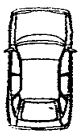
INSRS:
WSP: TRANS-CAB
Tel : AUTO
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SHC 5088D - CC4/ASM19003647/T1pa3q2 ; 22/02/2019	**STAGE** **DATE / PIC**
	NA/LIP11007903/j1 ; 26/04/2011	Non-Reporting ltr (1st):
	SBF 1S - CC4/AXA12014955/H1hdc3 ; 30/07/2012	Non-Reporting ltr (2nd):
	CC4/III18007648/T1ha3q2 ; 23/04/2018	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 ☐ ☐
11/11/2020	SETTLED AND CLOSED / NO PHY FILE	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$ 3,450.00 (2.5 days) Reduction: 70.72 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 05/11/2020 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$ 3,691.50		
Loss of Rental (LOR):	S$ 243.39 (3 days) x $81.13		OID rear-ended TP
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI):	S$ 120.00 ($ x 3 days) x $40.00		
LOR only ☐ LOU only ☐	LOR + LOU ☐ LOR + LOI ☑ [**Tick only one**]		
GIA/LTA Search	S$ 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: $500.00
Total:	**S$** 4,062.38 **Global Sum S$:** 4,000.00		
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 4,000.00	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:	