15/5/2010

INS. CASE OWNER:

CC3/CTI20009654/Kea3

LKK:

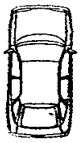
IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 08/09/2020 Date / Time : 08/09/2020

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SJZ 5864K Claim No. :

Name of Insured : Policy No. :

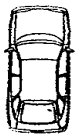
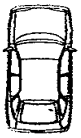
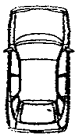
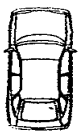
Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 04/09/2020 17:30 Place of Accident : TPE

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**

SJZ 5864K →	SMS 552U →	SJZ 2197Y →	SLL 9340D
	 		
INSRS:	INSRS:	INSRS:	INSRS:
WSP:	WSP: TRANS-CAB	WSP:	WSP:
Tel :	Tel : AUTO	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS: OI	RMKS: TP	RMKS:	RMKS:

Date/ Time		STAGE	DATE / PIC
	SMS 552U - X	Non-Reporting ltr (1st):	
	SJZ 5864K - CC6/AXA14004734/Kv1y3q2 ; 05/03/2014	Non-Reporting ltr (2nd):	
	NBA/CTI20007331/Y ; 12/07/2020	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: KSC
Repair Cost: P/P	S$ 15,984.20 (14 days)	Reduction: 75 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 21.07.21	Confirm with WAI YIN	Email ☐ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 100%
Repair Cost: w/GST	S$ 17,103.09	4VEH CC OID LAST	
Loss of Rental (LOR):	S$ 1,267.50 (19.5 days)	X $65	
Loss of Use (LOU):	S$ - ($ x days)		
Loss of Income (LOI):	S$ 975.00 ($ 50 x 19.5 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: $400
Total:	**S$** 19,353.08	**Global Sum S$:** 19,350.00	

FINAL PAYMENT	Date/Time: 21.07.21	Confirm with: WAI YIN		Email ☐ Call ☐	
Payee 1:	S$ 19,350.00	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:			