15/5/2010

INS. CASE OWNER: CC3/CTI20010836/Kes3

LKK:

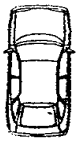
IDAC:

ASSIGNMENT

Surveyor: Kenneth DOI: 07/10/2020 Date / Time : 08/10/2020

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : GBA 6482Z Claim No. :

Name of Insured : FOUNDATION MARKETING LLP Policy No. :

Insured Tel No. : HP: Make / Model :

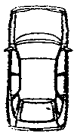
Excess Sec II :S$ D.O.A : 06/10/2020 Place of Accident :

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

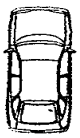
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

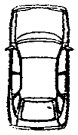
SHC 5794Z → → →



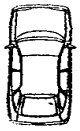
INSRS:
WSP: TRANS-CAB
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHC 5794Z : CC3/AXA12019533/Kv1b3q2 ; DOA : 05/07/2012
	GBA 6482Z : X

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$ 1,600.00	(2 days) Reduction: 88 %	Email Call
FINAL SETTLEMENT	Date/Time: 04.11.20	Confirm with WAI YIN	Email Cal
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 1,712.00	OID REAR ENDED TP	
Loss of Rental (LOR):	S$ 162.26	(2 days) X $81.13	
Loss of Use (LOU):	S$ -	($ x days)	
Loss of Income (LOI):	S$ 100.00	($ 50 x 2 days)	
LOR only LOU only LOR + LOU LOR + LO ✓		[**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: $400
Total:	**S$** 1,981.75	**Global Sum S$:**	
FINAL PAYMENT	Date/Time: 04.11.20	Confirm with: WAI YIN	Email Cal

Payee 1:	S$ 1,981.75	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:	