

INS. CASE OWNER:

ASSIGNMENT

Surveyor: MARCUS DOI: _____ Date / Time : 15/10/2020
Registered in Merimen: _____

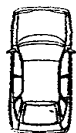
Pre-assign / CCU / FTE

Insured Vehicle No. : SHD 9534B Claim No. : S0M02VAR
Name of Insured : TRANS-CAB SERVICES PTE LTD Policy No. : P2348706
Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II : \$ 5,000.00 D.O.A : 09/10/2020 14:20 Place of Accident : HENDERSON ROAD
Is driver the owner? (YES / NO) Nature of Accident : _____

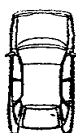
If NO, Driver Name / Age : WONG TING WEI

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

Driver Tel No. : _____ (V/L: YES / NO)

Insured Liability : _____ % **Final ? Yes / No****SJT 2402L**

INSRS:
WSP: **FASTECH**
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SJT 2402L - X	STAGE
	SHD 9534B - CC3/AXA13019900/Keb3c3 ; 22.10.13	DATE / PIC
	- CC3/FCI13009391/Ky1n ; 06.03.13	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: ☐ ☐
PRELIMINARY ADVICE Date/Time: _____ Sent By: _____		Post-Repair Photos: ☐ ☐
		Others: ☐ ☐
FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____		
Repair Cost: L/S S\$ 4350.00 (5 days) Reduction: 12,831.20 % 75		Email ☐ Call ☐
FINAL SETTLEMENT Date/Time: 11/11/2020 Confirm with SHIYING		Email ☒ Call ☐
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27		If NO or B 28, Ass. Lia :
Repair Cost: S\$ 4654.50 W/GST		
Loss of Rental (LOR): S\$ (days)		
Loss of Use (LOU): S\$ 250.00 (\$ 50 x 5 days)		
Loss of Income (LOI): S\$ (\$ x days)		
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]		
GIA/LTA Search S\$		
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: \$350.00
Total: S\$ 4904.50 Global Sum S\$: 4900.00		
FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email ☒ Call ☐		
Payee 1: S\$ 4900.00 Name 1: FASTECH AUTO PTE LTD		
Payee 2: (Strike if N.A.) S\$ Name 2:		
Payee 3: (Strike if N.A.) S\$ Name 3:		