15/5/2010

INS. CASE OWNER:

CC3/FCI20011312/Kra3

LKK:

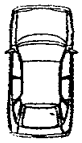
IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 15/10/2020 Date / Time : 15/10/2020

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SHB 6300P Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

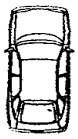
Excess Sec II :S$ D.O.A : 09/10/2020 13:00 Place of Accident : WOODLANDS SQUARE TAXI STAND

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

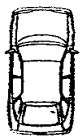
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

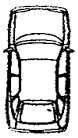
SHD 9651X →



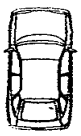
INSRS:
WSP: TRANS-CAB
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	SHD 9651X - CC3/FCI12023864/Gy1n ; 07.12.2012	**STAGE**	**DATE / PIC**
	SHB 6300P - CC3/AIG09003385/Cgw ; 08/02/2009	Non-Reporting ltr (1st):	
	CC3/AIG12022155/H1g2t2q2 ; 12/11/2012	Non-Reporting ltr (2nd):	
	CC3/AXA11002287/Dq1f2q2 ; 29/01/2011	Non-Reporting ltr (Final):	
	CC3/AXA12011616/H1rc3 ; 07/06/2012	Notification ltr (if non-pickup):	
	CC3/ICS17017362/K1ea3q2 ; 05/09/2017	Call OI:	
	CS/FCI15017145/Agbc2 ; 07/10/2015	After call ltr to OI:	
	NS/INC10001635/Fr1 ; 23/01/2010	**Documentation Check List:**	**Handler** **Typist**
	NS/INC13019783/H1tm3k3 ; 18/10/2013	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: P/P	S$ 650.00 (2 days)	Reduction: 91 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 31.12.2020	Confirm with WAIYIN	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 26	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 695.50		
Loss of Rental (LOR): w/GST	S$ 192.60 (2 days)	x 96.30	
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 + 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$** 988.10	**Global Sum S$:**	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 988.10	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:	