15/5/2010

INS. CASE OWNER:

CC3/III20011707/Kba3

LKK:

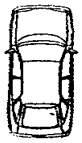
IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 26/10/2020 Date / Time : 26/10/2020

Registered in Merimen: ——

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 8184P Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

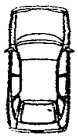
Excess Sec II :S$ D.O.A : 22/10/2020 19:15 Place of Accident :

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

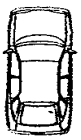
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

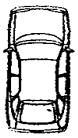
SHC 5678B → → →



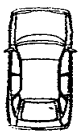
INSRS:
WSP: TRANS-CAB
Tel :
Liability AUTO
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SHC 5678B - CC4/AXA16019956/M1ub3q2 ; 18/10/2016	
	CS/FCI11023084/M1tm ; 18/11/2010	
	NBA/MSG13023387/s4 ; 20/11/2013	
	SHC 8184P - X	
05/02/2021	SETTLED AND CLOSED / NO PHY FILE	

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:

Repair Cost: L/S S$ 1,200.00 (2 days) Reduction: 90.89 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 03/02/2021 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$ 1,284.00	
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 + 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: $500.00
Total:	**S$** 1,546.26 **Global Sum S$:** 1,500.00	

FINAL PAYMENT Date/Time: Confirm with: Email ☐ Call ☐

Payee 1:	S$ 1,500.00	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:	