LKK:
IDAC:

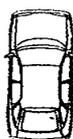**CC3/CTI20014485/Kra3**

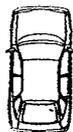INS. CASE OWNER:

ASSIGNMENT

Surveyor: **KENNETH**   DOI: **23/12/2020**   Date / Time : **23/12/2020**

Registered in Merimen: _____
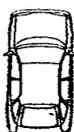
Pre-assign / CCU / FTE

Insured Vehicle No. : **SJF 5985A**   Claim No. : _____

Name of Insured : _____   Policy No. : _____

Insured Tel No. : _____ HP: _____   Make / Model : _____

Excess Sec II :S$ _____   D.O.A : **21/12/2020 01:55**   Place of Accident : **ALONG ALJUNIED ROAD TOWARDS UPPER ALJUNIED ROAD JUNCTION OF MACPHERSON**

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

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

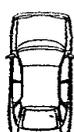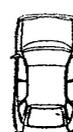Driver Tel No. : _____   (V/L: YES / NO)   Insured Liability : ___ %   **Final ? Yes / No**

SHD 401K → ___ → ___   ___ → ___

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

Date/ Time		SHD 401K - CC3/AIG09021031/Dn1j ; 16/09/2009	STAGE	DATE / PIC
		CC3/AIG20012687/Kba3 ; 15/11/2020	Non-Reporting ltr (1st):	
		CC3/TMI20008652/Ktf3e2 ; 14/08/2020	Non-Reporting ltr (2nd):	
		CC4/AXA18004184/Kps3q2 ; 13/02/2018	Non-Reporting ltr (Final):	
		CD3/AIG09021031/N XX ; 16/09/2009	Notification ltr (if non-pickup):	
		SJF 5985A - CC6/AXA11012039/Kedg ; 20.06.2011	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/SUM** S$ **1,550.00** (**2** days) Reduction: **87** %   Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: **05.4.2021** Confirm with **WAIYIN**   Email ☐ Call ☐

Final Liability:	% **100** (Agreed / Assessed) BOLA S/N No. : **27**	If NO or B 28, Ass. Lia :	
Repair Cost:	S$ **1,658.50**		
Loss of Rental (LOR):	S$ **297.39** (**3** days) x **$99.13**		
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI):	S$ **150.00** ($**50** x **3** days)		
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ✓ [**Tick only one**]			
GIA/LTA Search	S$ **7.45**		
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: **400.00**	
Total:	S$ **2,113.34** **Global Sum S$:** **2,100.00**		

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

Payee 1:	S$ **2,100.00**	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:	