15/5/2010

INS. CASE OWNER:

CC3/AIG21000160/Kba3

LKK:

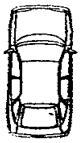
IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 04/01/2021 Date / Time : 04/01/2021

Registered in Merimen: 05/01/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : SLP 7685B Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

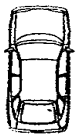
Excess Sec II :S$ D.O.A : 31/12/2020 10:45 Place of Accident :

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

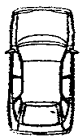
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

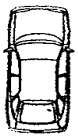
SHC 5970G → → →



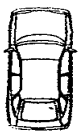
INSRS:
WSP: TRANS CAB
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SHC 5970G - CC3/AXA11015514/Khc3 ; 27/07/2011	Non-Reporting ltr (1st):	
	CC3/FCI15014152/Ktbq2 ; 17/08/2015	Non-Reporting ltr (2nd):	
	CC4/ASM18000948/Ajb3q2 ; 27/12/2017	Non-Reporting ltr (Final):	
	CS/FCI17000275/Ktbn2 ; 31/12/2017	Notification ltr (if non-pickup):	
	CS/SPF17007427/Ktbn2 ; 13/04/2017	Call OI:	
	SLP 7685B - X	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	☐ / ☐
23/04/2021	SETTLED AND CLOSED / NO PHY FILE	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$ 1,200.00 (1.5 days) Reduction: 87.62 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 21/04/2021 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$ 405.65 (5 days) x $81.13		
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI):	S$ 250.00 ($ 50 x 5 days)		
LOR only ☐ LOU only ☐	LOR + LOU ☐ LOR + LOI ✓ [**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: $320.00
Total:	**S$** 1,947.14 **Global Sum S$:** 1,940.00		
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 1,940.00	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:	