15/5/2010

INS. CASE OWNER: CC3/CTI21001269/Kea3

LKK:

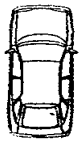
IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 26/01/2021 Date / Time : 26/01/2021

Registered in Merimen: ———

Pre-assign / CCU / FTE



Insured Vehicle No. : GBH 6464P Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

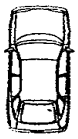
Excess Sec II :S$ D.O.A : 23/01/2021 09:50 Place of Accident :

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

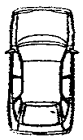
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

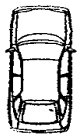
SHC 5952J → → →



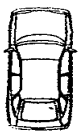
INSRS:
WSP: TRANS CAB
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	SHC 5952J - CC3/EQI17011275/Kea3q2 ; 07/06/2017	**STAGE**	**DATE / PIC**
	CC3/FCI15001129/Kqbk3 ; 17/02/2014	Non-Reporting ltr (1st):	
	CC3/LPC19007899/Kha3q2 ; 01/05/2019	Non-Reporting ltr (2nd):	
	CC6/AXA17010041/Uha3q2 ; 20/05/2017	Non-Reporting ltr (Final):	
	CS3/ASM19007922/Gcd3e2 ; 01/05/2019	Notification ltr (if non-pickup):	
	GBH 6464P - X	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: KSC
Repair Cost: L/S	S$ 3,400.00 (3 days) Reduction: 74 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 26.04.21	Confirm with WAIYIN	Email ☐ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27		If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 3,638.00	OID REAR ENDED TP	
Loss of Rental (LOR):	S$ 365.09 (4.5 days) X $81.13		
Loss of Use (LOU):	S$ - ($ x days)		
Loss of Income (LOI):	S$ 225.00 ($ 50 x 4.5 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: $400
Total:	**S$** 4,235.58	**Global Sum S$:** 4,230.00	
FINAL PAYMENT	Date/Time: 26.04.21	Confirm with: WAI YIN	Email ☐ Call ☐
Payee 1:	S$ 4,230.00	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:	