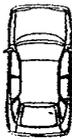**CC3/AIG21002161/Kpa3**

LKK:

IDAC:

INS. CASE OWNER:

ASSIGNMENT

Surveyor: **KENNETH**

DOI: **15/02/2021**

Date / Time : **15/02/2021**

Registered in Merimen: **15/02/2021**

Pre-assign / CCU / FTE

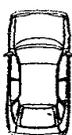|	
Insured Vehicle No. : **SMU 8803H**	Claim No. :
Name of Insured :	Policy No. :
Insured Tel No. : HP:	Make / Model :
Excess Sec II :S$ D.O.A : **08/02/2021 07:20**	Place of Accident : **YISHUN RING RD NEAR BUS STOP 59579**
Is driver the owner? (YES / NO) Nature of Accident :	
If **NO**, Driver Name / Age :	OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
Driver Tel No. : (V/L: YES / NO)	Insured Liability : % **Final ? Yes / No**

SHF 665E → → →
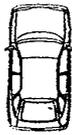
INSRS:
WSP: **TRANS-CAB AUTO**
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SHF 665E- CC3/FCI15007830/Kgbw2 ; 05/02/2015 CC3/TMI20009834/Ksf3e2 ; 11/09/2020 CC4/AXA16011993/M1fb3q2 ; 24/06/2016	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
	SMU 8803H - X	Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	
26/06/2021	Pls refer to VIEWS for details.	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:

Repair Cost: **P/P** S$ **3,755.70** (**5** days) Reduction: **71** % | Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: **26/06/2021** Confirm with: **Wai Yin** | Email ✓ Call ☐

Final Liability: % **100** (Agreed / Assessed) BOLA S/N No. : **15**	If NO or B 28, Ass. Lia :
Repair Cost: **w/GST** S$ **4,018.60**	
Loss of Rental (LOR): S$ **324.52** (**4** days) x $81.13	
Loss of Use (LOU): S$ ($ x days)	
Loss of Income (LOI): S$ **200.00** ($ **50** x **4** 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: **$320.00**
Total: S$ **4,550.57** **Global Sum S$:** **4,550.00**	

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

Payee 1: S$ **4,550.00**	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: