15/5/2010

INS. CASE OWNER: CC4/ASM21004440/Aps3

LKK:

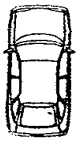
IDAC:

ASSIGNMENT

Surveyor: Adrian DOI: 12/04/2021 Date / Time : 07/04/2021

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SHB 9529C Claim No. :

Name of Insured : TRANS-CAB SERVICES PTE LTD Policy No. :

Insured Tel No. : HP: Make / Model :

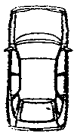
Excess Sec II :S$ D.O.A : 06/04/2021 Place of Accident :

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

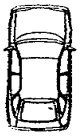
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

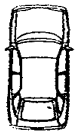
SMW 7036B → → →



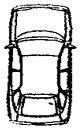
INSRS:
WSP: ISHARE
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SMW 7036B : X ; SHB 9529C : X
	- Please check / verify OID DL
02/09/2021	Pls refer to VIEWS for details.

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/sum S$ 6,100.00 (6 days) Reduction: 55 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 02/09/2021 Confirm with Michelle Email ☑ Cal ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 5,500.00 (As per AXA Mandate)	
Loss of Rental (LOR):	S$ (days)	
Loss of Use (LOU):	S$ 300.00 ($ 50 x 6 days)	
Loss of Income (LOI):	S$ ($ x days)	
LOR only ☐ LOU only ☑	LOR + LOU ☐ LOR + LO ☐ [**Tick only one**]	
GIA/LTA Search	S$ 36.45	
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: $350.00
Total:	**S$** 5,836.45 **Global Sum S$:**	

FINAL PAYMENT Date/Time: Confirm with: Email ☑ Cal ☐

Payee 1:	S$ 5,836.45	Name 1:	Ishare Auto Pte. Ltd.
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	