15/5/2010

INS. CASE OWNER:

CC3/AIG21007882/Kpa3

LKK:

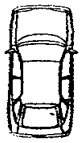
IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 22/07/2021 Date / Time : 22/07/2021

Registered in Merimen: 23/07/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : SMX 8265U Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

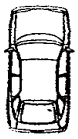
Excess Sec II :S$ D.O.A : 19/07/2021 21:00 Place of Accident : HANDY ROAD

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

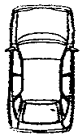
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

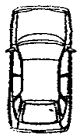
SMX 8265U → SHD 15S → SHB 5469T →



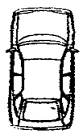
INSRS:
WSP:
Tel :
Liability :
RMKS: OI



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



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SHD 15S - CC3/AIG15007267/K1za3s2 ; 24/04/2015 CC3/AIG16022413/Keg3s2 ; 21/11/2016 CC3/AIG17021339/Keb3s2 ; 04/11/2017 CC3/III20014261/Kba3q2 ; 17/12/2020 CC4/AXA16011631/H1hb3q2 ; 22/06/2016 CS/FCI11006346/Ufg1 ; 04/04/2011 NA/INC08024859/Aw1 ; 01/09/2008	
	SMX 8265U - X	
15/10/2021	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$ 8,650.00 (11 days) Reduction: 68 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 15/10/2021 Confirm with Wai Yin Email ☑ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 100
Repair Cost: w/GST	S$ 9,255.50	
Loss of Rental (LOR):	S$ 1,054.69 (13 days) x $81.13	
Loss of Use (LOU):	S$ ($ x days)	
Loss of Income (LOI):	S$ ($ x 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: $320.00
Total:	**S$** 10,317.64 **Global Sum S$:** 10,300.00	

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

Payee 1:	S$ 10,300.00	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:	