15/5/2010

INS. CASE OWNER:

CC3/AIG21008320/Kba3

LKK:

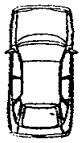
IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 05/08/2021 Date / Time : 05/08/2021

Registered in Merimen: 10/08/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : SFW 1441L Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

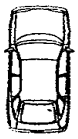
Excess Sec II :S$ D.O.A : 04/08/2021 Place of Accident : JLN BUKIT MERAH TOWARDS LOWER DELTA

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

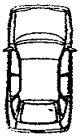
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

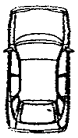
SHC 5931U → → →



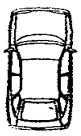
INSRS:
WSP: TRANS-CAB
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	SHC 5931U - CC3/AIG17002876/Kza3q2; 08/02/2017	**STAGE**	**DATE / PIC**
	CC3/AIG19002363/Khb3q2; 30/01/2019	Non-Reporting ltr (1st):	
	CC3/CTI18015762/Kjb3s2 ; 26/08/2018	Non-Reporting ltr (2nd):	
	CC3/FCI16007678/Kth3n2; 23/04/2016	Non-Reporting ltr (Final):	
	CC4/AIG08005933/KDn; 15/01/2008	Notification ltr (if non-pickup):	
	CC4/AXA17015044/Aua3s2; 28/07/2017	Call OI:	
	SFW 1441L - 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	☐ ☐
		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: P/P	S$ 500.00 (1 days)	Reduction: 95 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 15.11.21	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$ 535.00		OID CHANGED LANE HIT TP
Loss of Rental (LOR):	S$ 96.99 (1 days)		
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$ 7.49		
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: $320
Total:	**S$** 639.48	**Global Sum S$:**	

FINAL PAYMENT	Date/Time: 15.11.21	Confirm with: WAI YIN	Email ☐ Call ☐
Payee 1:	S$ 639.48	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:	