15/5/2010

INS. CASE OWNER: CC4/GRB21010200/Kes3

LKK:

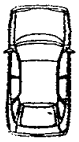
IDAC:

ASSIGNMENT

Surveyor: Kenneth DOI: 05/10/2021 Date / Time : 04/10/2021

Registered in Merimen: 04/10/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : SLS 9063S Claim No. :

Name of Insured : GRAB RENTALS PTE LTD Policy No. :

Insured Tel No. : HP: Make / Model :

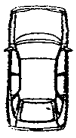
Excess Sec II :S$ D.O.A : 03/10/2021 Place of Accident :

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

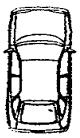
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

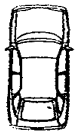
SHC 5196A → → →



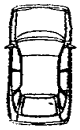
INSRS:
WSP: TRANS-CAB
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SHC 5196A : CC4/AXA16002816/M1eb3q2 ; DOA : 14/02/2016	**STAGE** **DATE / PIC**
	SLS 9063S : X	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:
PRELIMINARY ADVICE Date/Time:	Sent By:	Post-Repair Photos:
		Others:

FINALIZATION	Date/Time:	Confirm with:	Confirm by: KSC
Repair Cost: P/P	S$ 1,700.27 (2 days)	Reduction: 90%	Email Call
FINAL SETTLEMENT	Date/Time: 21.12.21	Confirm with WAIYIN	Email Cal
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 28j	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 1,819.29		OID LOST CONROL HIT 2VEH
Loss of Rental (LOR):	S$ 288.90 (3 days)	X $96.30	
Loss of Use (LOU):	S$ - ($ x days)		
Loss of Income (LOI):	S$ 150.00 ($ 50 x 3 days)		
LOR only LOU only	LOR + LOU	LOR + LO ✓ [**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: $600
Total:	**S$** 2,265.08	**Global Sum S$:** 2,260.00	
FINAL PAYMENT	Date/Time: 21.12.21	Confirm with: WAIYIN	Email Cal

Payee 1:	S$ 2,260.00	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:	