15/5/2010

INS. CASE OWNER:

CC4/FCI21011462/ E ea3

LKK:

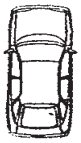
IDAC:

ASSIGNMENT

Surveyor: STEVE DOI: 12/11/2021 Date / Time : 09/11/2021

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SMB 101C Claim No. : D21003131MFBP

Name of Insured : TOWER TRANSIT SINGAPORE PTE LTD Policy No. : D-21097502MFBP

Insured Tel No. : HP: Make / Model :

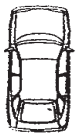
Excess Sec II :S$ D.O.A : 07-11-2021 Place of Accident :

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

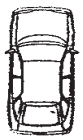
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

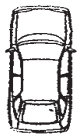
SMR 3832Y →



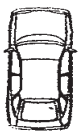
INSRS: WEARNES AUTOMOTIVE PTE LTD
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SMR 3832Y - X	**STAGE** **DATE / PIC**
	SMB 101C - CC3/AIG13010683/R1z3b3q2 ; 16/05/2013	Non-Reporting ltr (1st):
	CC3/AXA14012264/K1zb3q2 ; 20/06/2014	Non-Reporting ltr (2nd):
	CC3/CTI21006398/R1ra3q2 ; 01/06/2021	Non-Reporting ltr (Final):
	CC4/AXA16000979/R1wb3q2-1; 05/11/2015	Notification ltr (if non-pickup):
	CC4/AXA16000979/R1yb3q2 ; 05/11/2015	Call OI:
	CS/TIB12012208/R1c ; 11/06/2012	After call ltr to OI:
	NS/INC12021421/R1zn ; 26/10/2012	**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$ 9,777.30 (4 days) Reduction: 42 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with EXCLUDE CHECK ITEM $4,302.80	Email ☐ Call ☐
Final Liability:	% (Agreed / Assessed) BOLA S/N No. :		If NO or B 28, Ass. Lia :
Repair Cost:	S$		
Loss of Rental (LOR):	S$ (days)		SURVEY FEE: $260
Loss of Use (LOU):	S$ ($ x days)		PHOTO : $19
Loss of Income (LOI):	S$ ($ x days)		TRIP : $50
LOR only ☐ LOU only ☐	LOR + LOU ☐ LOR + LOI ☐ [**Tick only one**]		
GIA/LTA Search	S$		
Medical:	S$		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ (e.g. Tow/ Independent)		2) Report Format: TP/WP
Legal Cost	S$		3) Survey fee: $329
Total:	**S$**	**Global Sum S$:**	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$	Name 1:	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	