CC4/ASM22001202/Aps3

LKK:

IDAC:

INS. CASE OWNER:

ASSIGNMENT

Surveyor: **Adrian**	DOI: 08/02/2022	Date / Time :	08/02/2022
		Registered in Merimen:	

Pre-assign / CCU / FTE

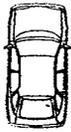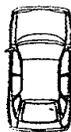|			
Insured Vehicle No. : **SHC 5301M**		Claim No. :	
Name of Insured : **TRANS-CAB SERVICES PTE LTD**		Policy No. :	
Insured Tel No. :	HP:	Make / Model :	
Excess Sec II :S$	D.O.A : 06/02/2022 14:00	Place of Accident :	**PATERSON ROAD TOWARDS NEWTON AFTER JLN TUPAI**
Is driver the owner? (YES / **NO**)	Nature of Accident :		

If **NO**, Driver Name / Age :

Driver Tel No. : (V/L: **YES** / NO)

OI GIA REPORT: **YES** / NO ; TP GIA REPORT: **YES** / NO

Insured Liability : % **Final ? Yes / No**

SFM 7813K ⟶ ⟶ ⟶

INSRS:	INSRS:	INSRS:	INSRS:	INSRS:
WSP: **JL PERFECT**	WSP:	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:	RMKS:
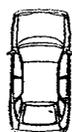
Date/ Time		
	SFM 7813K : CC3/AXA11001032/Gw2u2k2 ; DOA : 14/01/2011	
	SHC 5301M : CS3/III18018893/Kga3e2 ; DOA : 14/10/2018	

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$ **5,000.00** (**4** days) Reduction: **84** % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 10/12/2022 Confirm with **Irene** Email ✓ Call ☐

Final Liability: % **100** (Agreed / Assessed) BOLA S/N No. : **27**		If NO or B 28, Ass. Lia :
Repair Cost: S$ **4,900.00** **(As per AXA Mandate)**		
Loss of Rental (LOR): S$ **800.00** (**5** days) **X $160**		
Loss of Use (LOU): S$ ($ x 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$ 5,736.45	**Global Sum S$:** 5,700.00

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

Payee 1: S$ **5,700.00**	Name 1:	**JL PERFECT AUTOWORK PTE LTD**
Payee 2: (Strike if N.A.) S$	Name 2:	
Payee 3: (Strike if N.A.) S$	Name 3:	