

INS. CASE OWNER:

ASSIGNMENTSurveyor: MARCUSDOI: 02/03/2022Date / Time : 02/03/2022

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : SHD 5266BClaim No. : S2M03UL8Name of Insured : TRANS-CAB SERVICES PTE LTDPolicy No. : P2459880

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$ _____ D.O.A : 28.02.2022 15:00

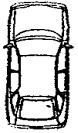
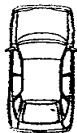
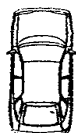
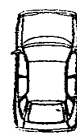
Place of Accident : _____

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**SJU 8265XINSRS:
WSP: ZOOM
Tel : AUTOWERKS
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	<u>SJU 8065X - X</u>	STAGE	DATE / PIC
	<u>SHD 5266B - CC4/ASM19016684/K1pa3q2; 18/09/2019</u>	Non-Reporting ltr (1st):	
	<u>CC4/AXA16001083/Fpb3s2; 14/01/2016</u>	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: _____
Repair Cost: <u>L/sum</u>	S\$ <u>5,000.00</u> (<u>5</u> days) Reduction: <u>57</u> %	Email ☒ Call ☐	
FINAL SETTLEMENT	Date/Time: <u>28/03/2022</u> Confirm with <u>Elin</u>	Email ☒ Call ☐	
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>27</u>	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ <u>5,000.00</u>		
Loss of Rental (LOR):	S\$ <u>840.00</u> (<u>7</u> days) x \$120		
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\$ <u>7.45</u>		
Medical:	S\$	1) Claim status: Normal/ Reject/Private Settle	
Disbursement:	S\$ (e.g. Tow/ Independent)	2) Report Format: <u>TP</u>	
Legal Cost	S\$	3) Survey fee: <u>\$350.00</u>	
Total:	S\$ <u>5,847.45</u>	Global Sum S\$: <u>5,840.00</u>	
FINAL PAYMENT	Date/Time: _____	Confirm with: _____	Email ☒ Call ☐
Payee 1:	S\$ <u>5,840.00</u>	Name 1: <u>Zoom Autowerks Pte Ltd</u>	
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	