15/5/2010

INS. CASE OWNER:

CC3/AIG22002554/Kpa3

LKK:

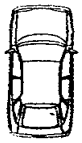
IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 17/3/22 Date / Time : 17/3/22

Registered in Merimen: 20/3/22

Pre-assign / CCU / FTE



Insured Vehicle No. : SLG 3272H Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

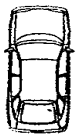
Excess Sec II :S$ D.O.A : 16/3/22 13:00 Place of Accident :

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

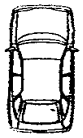
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

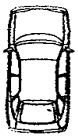
SHD 5247G → → →



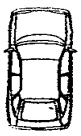
INSRS:
WSP: TRANS-
Tel : CAB
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SHD 5247G - CC3/AXA16007332/Fha3s2 ; 15/04/2016	Non-Reporting ltr (1st):	
	CS/FCI11011444/Ubn; 05/06/2011	Non-Reporting ltr (2nd):	
	CS/TP12005838/Kvn ; 11/11/2011	Non-Reporting ltr (Final):	
	NA/INC11010771/w1; 05/06/2011	Notification ltr (if non-pickup):	
	SLG 3272H - X	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$ 1,700.00 (2.5 days) Reduction: 87 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 13/09/2022 Confirm with Wai Yin Email ☑ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 1,819.00	
Loss of Rental (LOR):	S$ 280.88 (2.5 days) x$ 112.35	
Loss of Use (LOU):	S$ ($ x days)	
Loss of Income (LOI):	S$ 125.00 ($ 50 x2.5 days)	
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☑ [**Tick only one**]		
GIA/LTA Search	S$ 7.45	
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: $320.00
Total:	**S$** 2,232.33 **Global Sum S$:** 2,230.00	

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

Payee 1:	S$ 2,230.00	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:	