15/5/2010

INS. CASE OWNER:

~~CC3/AIG22004479/Kpa3~~
CC3/AIG22004479/Kpa3q2

LKK:

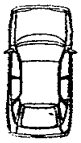
IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 10/05/2022 Date / Time : 10/05/2022

Registered in Merimen: 12/05/2022

Pre-assign / CCU / FTE



Insured Vehicle No. : SCL 9908Z Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

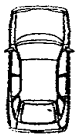
Excess Sec II :S$ D.O.A : 09/05/2022 07:50 Place of Accident :

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

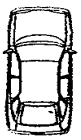
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

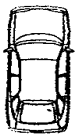
SHD 5266B → → →



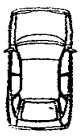
INSRS:
WSP: TRANS-
Tel : CAB
Liability AUTO
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SHD 5266B - CC4/ASM19016684/K1pa3q2 ; 18/09/2019	**STAGE** **DATE / PIC**
	CC4/ASM22001955/Upa3q2 ; 28/02/2022	Non-Reporting ltr (1st):
	CC4/AXA16001083/Fpb3s2 ; 14/01/2016	Non-Reporting ltr (2nd):
	SCL 9908Z - CA/AIG08031672/w1; 30/11/2008	Non-Reporting ltr (Final):
	CC6/AIG12018326/H1k1a3q2; 28/07/2012	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: L/SUM	S$ 600.00 (1.5 days) Reduction: 95 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:17/10/2022 Confirm with MS JASMINE		Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27		If NO or B 28, Ass. Lia :
Repair Cost: WITH GST	S$ 642.00		
Loss of Rental (LOR):	S$ 288.90 (3 days) @$96.30		
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI):	S$ 150.00 ($ 50 x 3 days)		
LOR only ☐ LOU only ☐	LOR + LOU ☐ LOR + 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: $320.00
Total:	**S$**1,088.35 **Global Sum S$:**1,000.00		

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐
Payee 1:	S$ 1,000.00	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:	