

INS. CASE OWNER:

CD/III24070474/Kpa3(N)

IDAC:

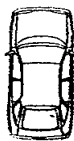
ASSIGNMENT

Surveyor:

KENNETHDOI: **31/07/2024**

Date / Time :

Registered in Merimen:

Pre-assign / CCU / FTEInsured Vehicle No. : **SKZ9419A**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **25/07/2024**

Place of Accident : _____

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

If NO, Driver Name / Age :

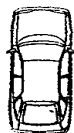
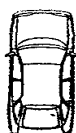
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

(V/L: YES / NO)

Insured Liability :

%

Final ? Yes / No**SHC5262S**INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		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:	☐ ☐
PRELIMINARY ADVICE	Date/Time:	Sent By:	Post-Repair Photos: ☐ ☐
			Others: ☐ ☐
FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: L/SUM	S\$ 1,050.00	(2 days) Reduction: 90 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 14/11/2025	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: 9%GST	S\$ 1,144.50		
Loss of Rental (LOR):	S\$ 388.04	(4 days) X \$97.01	
Loss of Use (LOU):	S\$ (\$ x days)		
Loss of Income (LOI):	S\$ 160.00	(\$ 40 x 4 days)	
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☒		[Tick only one]	
GIA/LTA Search	S\$ 27.25		
Medical:	S\$		1) Claim status: Normal/ Reject/Private Sale
Disbursement:	S\$	(e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S\$		3) Survey fee: \$550.00
Total:	S\$ 1,719.79	Global Sum S\$:	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S\$ 1,719.79	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:	