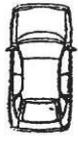|			LKK:
INS. CASE OWNER:	CC 3 /LPC1600 9279 / Kwa3		IDAC:

ASSIGNMENT

Surveyor: _KENNETH_   DOI: _17.05.16_   Date / Time: _17.05.16_

Registered in Merimen: ____

Pre-assign / CCU / FTE
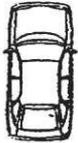
Insured Vehicle No. : _GBA 650 U_   Claim No. : ____

Name of Insured : ____   Policy No. : ____

Insured Tel No. : ____ HP: ____   Make / Model : ____

Excess Sec II :S$ ____ D.O.A : _17-05-16_   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 5980Y → → ____ → ____

INSRS:	INSRS:	INSRS:	INSRS:
WSP: _Trans-Cab_	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	SHD 5980Y. X ; GBA 650 U. X	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: S$ 1,550.00 (2 days) Reduction: 86 %   Email [ ] Call [ ]

FINAL SETTLEMENT Date/Time: 08/05/2020 Confirm with Ng Wai Yin   Email [✓] Call [ ]

Final Liability:	% 50 (Agreed / Assessed) BOLA S/N No. : NIL		If NO or B 28, Ass. Lia :
Repair Cost: $1,658.50	S$ 829.25 conflicting version		
Loss of Rental (LOR): $288.90	S$ 144.45 (3 days) x $96.30		
Loss of Use (LOU):	S$ - ($ x days)		
Loss of Income (LOI): $150	S$ 75.00 ($ 50 x 3 days)		
LOR only [ ] LOU only [ ] LOR + LOU [ ] LOR + LOI [✓] **[Tick only one]**			
GIA/LTA Search	S$ 6.00		
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: $450
Total:	S$ 1,054.70 Global Sum S$: 1,050.00		

FINAL PAYMENT Date/Time: ____ Confirm with: ____   Email [ ] Call [ ]

Payee 1:	S$ 1,050.00	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: