

INS. CASE OWNER:

CC 3AIG1701 *2744 K*

LKK:
IDAC:

Surveyor: Kenneth

ASSIGNMENT
DOI: 27/6/19

Date / Time: 27/6/19
Registered in Merimen: 20/6/19

Pre-assign / CCU / FTE



Insured Vehicle No. : Eiy 8856E
Name of Insured : _____
Insured Tel No. : _____ HP: _____
Excess Sec II :SS _____ D.O.A : 27/6/19

Claim No. : _____
Policy No. : _____
Make / Model : _____
Place of Accident : _____

Is driver the owner? (YES / NO) Nature of Accident : _____
If NO, Driver Name / Age : _____
Driver Tel No. : _____ (V/L: YES / NO)

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
Insured Liability : _____ % Final ? Yes / No

CHB 7544M



INSRS: *Trans cab*
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)	<input type="checkbox"/> <input type="checkbox"/>
	After call ltr to OI:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Authorisation To Act:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Release Voucher:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Final Repair Bill:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Car Rental Invoice:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
	LTA / GIA:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
	PIR:	<input type="checkbox"/> <input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
	LOD	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
	Others:	<input type="checkbox"/> <input type="checkbox"/>

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____

FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____

Repair Cost: S\$ 1,000.00 (2 days) Reduction: 95 % Email Call

FINAL SETTLEMENT Date/Time: 29/04/2020 Confirm with Ng Wai Yin Email Call

Final Liability:	% 50 (Agreed / Assessed) BOLA S/N No. : NIL	conflicting version
Repair Cost:	\$1070 S\$ 535.00	
Loss of Rental (LOR):	\$225.75 S\$ 112.88 (3 days) x \$75.25	
Loss of Use (LOU):	S\$ - (\$ x days)	
Loss of Income (LOI):	\$150 S\$ 75.00 (\$ 50 x 3 days)	
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/> LOR + LOI <input checked="" type="checkbox"/> [Tick only one]	
GIA/LTA Search	S\$ 6.00	1) Claim status: Normal Report/Prevent/Strike
Medical:	S\$ -	2) Report Format: TP
Disbursement:	S\$ - (e.g. Tow/Independent)	3) Survey fee: \$320
Legal Cost	S\$ -	
Total:	S\$ 728.88	Global Sum S\$: 720.00

FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email Call

Payee 1: S\$ 720.00 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: