INS. CASE OWNER:	TE	CC4/AXA18002631/Aga3	LKK:
			IDAC:

ASSIGNMENT

Surveyor: **ADRIAN**   DOI: 09/02/2018   Date / Time : 07/02/2018

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : **SHB 9966Z**   Claim No. : _____

Name of Insured : **TRANS CAB SERVICES P/L**   Policy No. : _____

Insured Tel No. : ___ HP: ___   Make / Model : **RENAULT LATITUDE**

Excess Sec II :S$ $5000.00   D.O.A : 01/02/2018   Place of Accident : **AYE**

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

If **NO**, Driver Name / Age : _____   OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
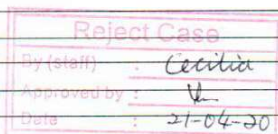
Driver Tel No. : _____ (V/L: YES / NO)   Insured Liability : ___ %   Final ? Yes / No

SKF 3052T →

INSRS:	INSRS:	INSRS:	INSRS:
WSP: **TORQUE 5**	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time			STAGE	DATE / PIC
			Non-Reporting ltr (1st):	
21/04	REJECTION CASE - MR YEW TO CHOP AND SIGN		Non-Reporting ltr (2nd):	
			Non-Reporting ltr (Final):	
			Notification ltr (if non-pickup):	
	REJECTION REASON - OI COUNTER CLAIM		Call OI:	
	SUCCESSFUL.		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:		

Reject Case
By (staff) : Cecilia
Approved by : ___
Date : 21-04-20

PRELIMINARY ADVICE	Date/Time:	Sent By:	Post-Repair Photos:	
			Others:	

FINALIZATION	Date/Time:	Confirm with:	Confirm by: **ADRIAN**	
Repair Cost: L/S	S$ 1400.00 (3 days) Reduction: 2785.56 % 66		Email ☐ Call ☐	

FINAL SETTLEMENT	Date/Time:	Confirm with	Email ☐ Call ☐	
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :	
Repair Cost:	S$			
Loss of Rental (LOR):	S$ (days)			
Loss of Use (LOU):	S$ ($ x days)			
Loss of Income (LOI):	S$ ($ x days)			
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]				
GIA/LTA Search	S$			
Medical:	S$		1) Claim status: Normal/Reject/Private Settle	
Disbursement:	S$	(e.g. Tow/ Independent)	2) Report Format: **REJECT**	
Legal Cost	S$		3) Survey fee: $350.00	
Total:	S$	Global Sum S$:		

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐	
Payee 1:	S$	Name 1:		
Payee 2: (Strike if N.A.)	S$	Name 2:		
Payee 3: (Strike if N.A.)	S$	Name 3:		