15/5/2020

INS CASE OWNER: TE | CC 4, ASM 1800 6274, K [illegible] | LKK: | IDAC: 38468

ASSIGNMENT

Surveyor: Kenneth | DOI: 5/4/18 | Date / Time: | Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No.	FBD 1445Z	Claim No.:	S8M00D0H GX
Name of Insured	MD. IHSZFUL BIN MD. RAZALI	Policy No.:	
Insured Tel No.	HP: 87497840	Make / Model:	Honda
Excess Sec II :S$	D.O.A.: 31/3/18	Place of Accident:	BT Batok East Ave 2
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 454H → → →

INSRS: WSP: Trans-Cab Tel: Liability: RMKS:	INSRS: WSP: Tel: Liability: RMKS:	INSRS: WSP: Tel: Liability: RMKS:	INSRS: WSP: Tel: Liability: RMKS:

Date/ Time	
18/4	SHD 454H CCI/ASM/1800/6274/Kjrlgr: 10
	FBD 1445Z x
Bevan	
21/3	pending TP acceptance from offer.
17/6/2020.	pending signed OV + LOD + Tax Inv.
19/6/2020.	settled & closed.

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: 6/4 Sent By: [signature]

Confirm by: Email ☐ Call ☐

FINALIZATION Date/Time: Confirm with:

Repair Cost: 4S S$ 5,600.00 (5 days) Reduction: 27.20 %

Email ☒ Call ☐

FINAL SETTLEMENT Date/Time: 18/06/2020 Confirm with: WAI YIN

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No.: 27	If NO or B 28, Ass. Lia: OI rear-ended TP.
Repair Cost: (W/GST)	S$ 5,942.00	
Loss of Rental (LOR):	S$ 451.50 (6 days) x $ 75.25	COPY SENT 24/6/2020
Loss of Use (LOU):	S$ — ($ x days)	
Loss of Income (LOI):	S$ 300.00 ($ 50 x 6 days)	
LOR only ☐ LOU only ☐	LOR + LOU ☐ LOR + LOI ☒ [Tick only one]	
GIA/(LTA) Search	S$ 7.45	1) Claim status: (Normal)/Reject/Private Settle
Medical:	S$ — (e.g. Tow/ Independent)	2) Report Format: TP
Disbursement:	S$ —	3) Survey fee: $350.00
Legal Cost	S$ —	
Total:	S$ 6,750.95 **Global Sum S$:** —	

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

Payee 1:	S$ 6,750.95	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: —