15/5/2010

INS. CASE OWNER: CC 3 /AIG1802 0525 / KJH3 | LKK: | IDAC:

ASSIGNMENT

Surveyor: Kenneth DOI: 17/11/18 Date / Time : 17/11/18.

Registered in Merimen: 17/11/18

Pre-assign / CCU / FTE

Insured Vehicle No. : SLL 6401G Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 8/11/18. 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**

GHD 7617X →

INSRS:
WSP:
Tel :
Liability : TRANS CAB.
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	GHD 7617X - Y SLL6401G-Y	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: KSC
Repair Cost: P/P	S$ 590.00	(2 days) Reduction: 96 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 05.11.20	Confirm with WAI YIN	Email ☐ Call ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 15	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 631.30	OID CHANGED LANE HIT TP	
Loss of Rental (LOR):	S$ 362.60	(3.5 days) X $103.60	
Loss of Use (LOU):	S$ -	($ x days)	
Loss of Income (LOI):	S$ 175.00	($ 50 x 3.5 days)	
LOR only ☐ LOU only ☐	LOR + LOU ☐	LOR + LOI ☑ [Tick only one]	
GIA/LTA Search	S$ 7.49		
Medical:	S$ -		1) Claim status: Normal ~~Reject Write Down~~
Disbursement:	S$ -	(e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S$ -		3) Survey fee: $320
Total:	**S$** 1,176.39	**Global Sum S$:** 1,170.00	
FINAL PAYMENT	Date/Time: 05.11.20	Confirm with: WAI YIN	Email ☐ Call ☐

Payee 1:	S$ 1,170.00	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:	