15/5/2010

INS. CASE OWNER: CC 3, Ah 1900 1522, Kha3 | LKK: | IDAC:

ASSIGNMENT

Surveyor: KSC   DOI: 22/1/19   Date / Time : 22/1/19
Registered in Merimen: 23/1/19

Pre-assign / CCU / FTE

Insured Vehicle No. : SLM 6166 E   Claim No. :
Name of Insured :   Policy No. :
Insured Tel No. :   HP: Make / Model :
Excess Sec II :S$ D.O.A : 18/01/19   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**

SHC5216B →   →   →

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

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHC5216B - CC3/Ah 1901881/Kha3 ; DOA: 8/10/18
	- CC3/Amu 1701638 Kuba2 ; DOA: 22/8/17
	- CUP/AK9/607 6376 /Mung3 ; DOA: 5/4/16
	SLM6166E - 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: KSC
Repair Cost: P/P S$ 300.00 (1 days) Reduction: 98 %   Email ☐ Call ☐

FINAL SETTLEMENT	Date/Time: 06.12.2021 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$ 321.00	OI CHANGED LANE HIT TP
Loss of Rental (LOR):	S$ 250.38 (3 days) x $83.46	
Loss of Use (LOU):	S$ - ($ x days)	
Loss of Income (LOI):	S$ - ($ x days)	
LOR only ☑ LOU only	☐ LOR + LOU ☐ LOR + LOI ☐ **[Tick only one]**	
GIA/LTA Search	S$ 7.49	
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: $320
Total:	S$ 578.87 **Global Sum S$:** 570.00	

FINAL PAYMENT	Date/Time: 06.12.21	Confirm with: WAI YIN	Email ☐ Call ☐
Payee 1:	S$ 570.00	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:	