

INS. CASE OWNER:

CC 3, ASM 1900 3 to 7, 14a3

LKK:
IDAC:

Surveyor:

lsc

DOI:

ASSIGNMENT

26/2/19

Date / Time :

26/2/19

Registered in Merimen:

Pre-assign / CCU / FTE

SHC 5547 X



Insured Vehicle No. : _____

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : S\$ _____ D.O.A : 26/2/19

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. :

(VL: YES / NO)

Insured Liability : % Final ? Yes / No

SHC 5810K



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"/>
	After call ltr to OI:	<input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/>
	LOD	<input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>

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

FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____
Repair Cost: L/S S\$ 7100.00 (4 days) Reduction: 47,351.01% 87 Email Call

FINAL SETTLEMENT Date/Time: 28/04/2020 Confirm with JASMINE Email Call

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 9 If NO or B 28, Ass. Lia :
Repair Cost: S\$ 7597.00 (W/GST)

Loss of Rental (LOR): S\$ 793.04 (8 days) x \$99.13
Loss of Use (LOU): S\$ (\$ x days)
Loss of Income (LOI): S\$ 400.00 (\$ 50 x 8 days)

LOR only LOU only LOR + LOU LOR + LOI [Tick only one]

GIA/LTA Search S\$
Medical: S\$
Disbursement: S\$ (e.g. Tow/ Independent)
Legal Cost S\$

Total: S\$ 8790.04 Global Sum S\$: 8790.00
1) Claim status: Normal/Reject/Private Settle
2) Report Format: TP
3) Survey fee: \$350.00

FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email Call
Payee 1: S\$ 8790.00 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: