15/5/2010

INS. CASE OWNER: CC 3/III1900 9086, Feb3. | LKK: | IDAC:

ASSIGNMENT

Surveyor: Fmacth. DOI: 7/5/19 Date / Time : 7/5/19

Registered in Merimen: 7/5/19

Pre-assign / CCU / FTE

Insured Vehicle No. : SH 7491D. Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 17/5/19. 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**

SHC 5135B → → →

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

Date/ Time	
	SHC 5135B – X SH 7491D – 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: L/S S$ 1,900.00 (2 days) Reduction: 92 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 12.08.20 Confirm with WAI YIN Email ☐ Call ☐

Final Liability: w/GST	% 100	(Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 2,033.00	OID REVERSED HIT TP	
Loss of Rental (LOR):	S$ 162.26	(2 days) X $81.13	
Loss of Use (LOU):	S$ -	($ x days)	
Loss of Income (LOI):	S$ 80.00	($ 40 x 2 days)	
LOR only ☐ LOU only ☐	LOR + LOU ☐	LOR + LO ☑ [Tick only one]	
GIA/LTA Search	S$ -		
Medical:	S$ -		1) Claim status: Normal [redacted]
Disbursement:	S$ -	(e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S$ -		3) Survey fee: $600
Total:	**S$ 2,275.26**	**Global Sum S$:**	

FINAL PAYMENT Date/Time: 12.08.20 Confirm with: WAI YIN Email ☐ Call ☐

Payee 1:	S$ 2,275.26	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:	