15/5/2010

INS. CASE OWNER: Jas Tan | CC 3, ASM 190 13660, Kba3 | LKK: IDAC: 130285

ASSIGNMENT

Surveyor: Kenneth DOI: 2/8/19 Date / Time: 2/8/19

Registered in Merimen: ✓

Pre-assign / CCU / FTE

Insured Vehicle No. :	SHD 407T	Claim No. :	S9M0101Jm
Name of Insured :	T/C Svs P/L	Policy No. :	
Insured Tel No. :	HP:	Make / Model :	
Excess Sec II :S$	8000.00 D.O.A: 1/8/2019	Place of Accident :	
Is driver the owner?	(YES / NO)	Nature of Accident :	

If NO, Driver Name / Age :

Driver Tel No. : (V/L: YES / NO)

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % Final ? Yes / No

SHD 9464 U → ______ → ______ → ______

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

Date/ Time		STAGE	DATE / PIC
	SHD9464U - MM/WOL1800165b/y ; DOA: 26/1/18	Non-Reporting ltr (1st):	
	- CC3/FCC1150103691/Kiq43/c3 ; DOA: 21/6/15	Non-Reporting ltr (2nd):	
	SHD 407 - CC3/ASM1901032911 Kea3 ; DOA: 8/6/19	Non-Reporting ltr (Final):	
	- CC3/FCt1507114811/Ckbdl ; DOA: 8/12/15	Notification ltr (if non-pickup):	
		Call OI:	8/8/19 email
		After call ltr to OI:	U/U/on

Date/ Time		Documentation Check List:	Handler	Typist
8/8/19	Email letter to OI	Notification ltr (if non-pickup)	✓	
9/4/20.	sent mandate	After call ltr to OI:	✓	
		Authorisation To Act:	✓	
		Release Voucher:	✓	
		Final Repair Bill:	✓	
		Car Rental Invoice:	✓	
		Towing Invoice		
		TAS / GIA :		
16/11/2020.	settled & closed (all docs in VIEWS).	Medical Bill:		
		PIR:		
		Mandate/Reject Instruction:	✓	
		LOD	✓	
		Payment Breakdown Form:		
		Post-Repair Photos:		
		Others:		

PRELIMINARY ADVICE	Date/Time:	Sent By:	Confirm by:
FINALIZATION	Date/Time:	Confirm with:	Email ☐ Call ☐
Repair Cost: P/P	S$ 6,608.45 (7 days)	Reduction: 79.72 %	
FINAL SETTLEMENT	Date/Time: 13/11/2020	Confirm with WAI YIN	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 26	If NO or B 28, Ass. Lia :
Repair Cost: (w/GST)	S$ 7,071.04		
Loss of Rental (LOR):	S$ 907.20 (8 days)	x $113.40	
Loss of Use (LOU):	S$ ($ x 8 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$		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$	(e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S$		3) Survey fee: $350.00
Total:	S$ 8,378.24	Global Sum S$: 8,250.00	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 8,250.00	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: –	