

ASSIGNMENT

Surveyor: KENNETH DOI: 15/08/2019 Date / Time : 15/08/2019
Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SHD 363L Claim No. : _____
Name of Insured : _____ Policy No. : _____
Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II :S\$ _____ D.O.A : 09/08/2019 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

SHD 248L → → → → →



INSRS:
WSP: TRANS-CAB
Tel : _____
Liability : _____
RMKS: _____



INSRS:
WSP: _____
Tel : _____
Liability : _____
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Date/ Time		STAGE	DATE / PIC
	SHD 248L- CC3/AIG16009228/Kwb3q2; DOA:16/5/16	Non-Reporting ltr (1st):	
	CC3/III15020467/Kwb3q2; DOA : 29/11/15	Non-Reporting ltr (2nd):	
	- CC3/CAI13001965/Kqn; DOA : 21/01/13	Non-Reporting ltr (Final):	
	SHD 363L - CC4/ASM19013466/Gwa3; DOA : 2/3/19	Notification ltr (if non-pickup):	
	- CC3/LCR17020239/Kwa3q2; DOA: 18/10/17	Call OI:	
	- NA/AIG13022092/m2; DOA: 23/11/13	After call ltr to OI:	
		Documentation Check List: Handler Typist	
29/04/2020	Pls refer to Views for details.	Notification ltr (if non-pickup)	<input type="checkbox"/> <input type="checkbox"/>
		After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
		Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
		Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
		Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
		Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
		LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
		PIR:	<input type="checkbox"/> <input type="checkbox"/>
		Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
		LOD	<input type="checkbox"/> <input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
		Others:	<input type="checkbox"/> <input type="checkbox"/>
FINALIZATION	Date/Time: _____ Confirm with: _____	Confirm by:	
Repair Cost: L/sum	S\$ 9,750.00 (6 days) Reduction: 82 %	Email <input type="checkbox"/> Call <input type="checkbox"/>	
FINAL SETTLEMENT	Date/Time: 29/04/2020 Confirm with: Jasmine	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :	
Repair Cost: w/GST	S\$ 10,432.50		
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 <input type="checkbox"/> LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/> LOR + LOI <input checked="" type="checkbox"/> [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\$ 11,625.54 Global Sum S\$: 11,500.00		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Payee 1:	S\$ 11,500.00 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: _____		