

INS. CASE OWNER:

**ASSIGNMENT**

Surveyor:

*Kha*

DOI:

*19/8/19*

Date / Time : 16/08/2019

Registered in Merimen: \_\_\_\_\_

**Pre-assign / CCU / FTE**



Insured Vehicle No. : XE 1606K  
 Name of Insured : T B C TRANSPORTATION & TRADING PTE LTD  
 Insured Tel No. : \_\_\_\_\_ HP: 6567 4755  
 Excess Sec II :\$S \_\_\_\_\_ D.O.A : 13/08/2019  
 Is driver the owner? ( YES  NO  ) Nature of Accident : \_\_\_\_\_

Claim No. : S9M01X6X  
 Policy No. : \_\_\_\_\_  
 Make / Model : \_\_\_\_\_  
 Place 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

GBJ 5178L



INSRS:  
WSP: YONG SING  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time	GBJ 5178L - X	XE 1606K - X	STAGE	DATE / PIC
16/08/2019	OINR. To send out first letter. File pass to Su Li.		Non-Reporting ltr (1st):	
			Non-Reporting ltr (2nd):	
			Non-Reporting ltr (Final):	
			Notification ltr (if non-pickup):	
			Call OI:	
06/08/2020	Pls refer to Views for details.		After call ltr to OI:	
			Documentation Check List:	Handler Typist
			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"/>
			Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
			Others:	<input type="checkbox"/> <input type="checkbox"/>
<b>PRELIMINARY ADVICE</b>	Date/Time:	Sent By:	Confirm by:	
<b>FINALIZATION</b>	Date/Time:	Confirm with:	Confirm by:	
Repair Cost: P/P	\$S 2,806.25 ( 6 days) Reduction: 95 %		Email <input type="checkbox"/>	Call <input type="checkbox"/>
<b>FINAL SETTLEMENT</b>	Date/Time: 02/03/2020 Confirm with Zhi Yang		Email <input checked="" type="checkbox"/>	Call <input type="checkbox"/>
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : NIL		If NO or B 28, Ass. Lia :	
Repair Cost: w/GST	\$S 3,002.69			
Loss of Rental (LOR):	\$S ( days)			
Loss of Use (LOU):	\$S 700.00 (\$100 x 7 days)			
Loss of Income (LOI):	\$S (\$ x days)			
LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/>	LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]			
GIA/LTA Search	\$S			
Medical:	\$S		1) Claim status: Normal/ <del>Reject/Private Settlement</del>	
Disbursement:	\$S (e.g. Tow/ Independent )		2) Report Format: TP	
Legal Cost	\$S		3) Survey fee: \$350.00	
<b>Total:</b>	\$S 3,702.69	Global Sum \$S: 3,700.00		
<b>FINAL PAYMENT</b>	Date/Time:	Confirm with:	Email <input checked="" type="checkbox"/>	Call <input type="checkbox"/>
Payee 1:	\$S 3,700.00	Name 1: YONG SING MOTOR WORKS		
Payee 2: (Strike if N.A.)	\$S	Name 2:		
Payee 3: (Strike if N.A.)	\$S	Name 3:		