15/5/2010

INS. CASE OWNER: Lynn | CC 4/ASM190 21749, pb3 | LKK: IDAC:

ASSIGNMENT

Surveyor: ______ DOI: ______ Date / Time : 10/12/19

Registered in Merimen: ______

Pre-assign / CCU / FTE

Insured Vehicle No. : SHC 5472E | Claim No. : SAMO29H3 / 150789

Name of Insured : TRANS-CAB SERVICES PTE LTD | Policy No. :

Insured Tel No. : HP: | Make / Model :

Excess Sec II :S$ D.O.A : 28/11/19. | Place of Accident :

Is driver the owner? (YES / NO) [NO circled] Nature of Accident :

If NO, Driver Name / Age : GOH HAJ HONG | OI GIA REPORT: YES / NO [YES circled] ; TP GIA REPORT: YES / NO [YES circled]

Driver Tel No. : (V/L: YES / NO) [YES circled] | Insured Liability : % **Final ? Yes / No**

GBE 7017G →

INSRS: WSP: TLK Tel : Liability : 500n. RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	GBE7017G / SHC5472E } NA (4P190 21741 / LW ... 28/11/19)
12/12/19	– Pls ... new
10-01-20	– No survey done – to cancel
10/1/2020	– File → ... to cancel / close

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	12/12/19 (Lynn)
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:

Repair Cost: S$ (days) Reduction: % | Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: Confirm with | Email ☐ Call ☐

Final Liability: % 100 (Agreed / Assessed) [Assessed circled] BOLA S/N No. : 27 | If NO or B 28, Ass. Lia :

Repair Cost: S$

Loss of Rental (LOR): S$ (days)

Loss of Use (LOU): S$ ($ x days)

Loss of Income (LOI): S$ ($ x days)

LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LO ☐ **[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:

Legal Cost S$ | 3) Survey fee:

Total: **S$** **Global Sum S$:**

FINAL PAYMENT Date/Time: Confirm with: Email ☐ Call ☐

Payee 1:	S$	Name 1:
Payee 2: (Strike if N.A.)	S$	Name 2:
Payee 3: (Strike if N.A.)	S$	Name 3: