

INS. CASE OWNER:

## ASSIGNMENT

b

Surveyor: KENNETH

DOI: 03/01/2020

Date / Time : 03/01/2020

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

Pre-assign / CCU / FTE



Insured Vehicle No. : SGZ 6496T

Claim No. : SNM20D200063

Name of Insured : \_\_\_\_\_

Policy No. : \_\_\_\_\_

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

Make / Model : \_\_\_\_\_

Excess Sec II : S\$

D.O.A : 01/01/2020 20:45

Place of Accident : YIO CHU KANG ROAD

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 212P



INSRS: TRANS-CAB

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE	DATE / PIC
	SHD 212P -NA/INC19008632/z4; DOA: 15.5.19	
	SGZ 6496T - CC6/AXA14016543/R1h2y3q2; DOA:27.8.14	
	- CC3/AXA14005692/K1sy3w2; DOA:25.3.14	
	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)	<input type="checkbox"/>
	After call ltr to OI:	<input checked="" type="checkbox"/>
	Authorisation To Act:	<input checked="" type="checkbox"/>
	Release Voucher:	<input checked="" type="checkbox"/>
	Final Repair Bill:	<input checked="" type="checkbox"/>
	Car Rental Invoice:	<input checked="" type="checkbox"/>
	Towing Invoice	<input type="checkbox"/>
	LTA / GIA :	<input checked="" type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>
	Mandate/Reject Instruction:	<input checked="" type="checkbox"/>
	LOD	<input checked="" type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/>
	Others:	<input type="checkbox"/>

24/09/2020

SETTLED AND CLOSED / FILE IN DRAWER

<b>PRELIMINARY ADVICE</b> Date/Time:		Sent By:		Confirm by:	
<b>FINALIZATION</b> Date/Time:		Confirm with:		Confirm by:	
Repair Cost:	L/S S\$ 3,150.00 ( 2 days) Reduction: 93.70 %	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>			
<b>FINAL SETTLEMENT</b> Date/Time: 22/09/2020 Confirm with WAI YIN		Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>			
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 5	If NO or B 28, Ass. Lia :			
Repair Cost: (W/GST)	S\$ 3,370.50	OI TURNING			
Loss of Rental (LOR):	S\$ 405.65 ( 5 days) X \$81.13				
Loss of Use (LOU):	S\$ (\$ x days)				
Loss of Income (LOI):	S\$ 250.00 (\$ 50 x 5 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\$ 7.49				
Medical:	S\$				
Disbursement:	S\$ (e.g. Tow/ Independent )				
Legal Cost	S\$				
<b>Total:</b>	S\$ 4,033.64	<b>Global Sum S\$:</b> 3,850.00			
<b>FINAL PAYMENT</b> Date/Time:		Confirm with:		Email <input type="checkbox"/> Call <input type="checkbox"/>	
Payee 1:	S\$ 3,850.00	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:			

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

TP \$400.00