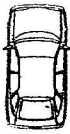


INS. CASE OWNER:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : _____
 Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : _____

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : _____

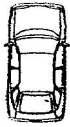
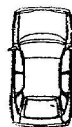
Place of Accident : _____

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**
 INSRs:
 WSP:
 Tel :
 Liability :
 RMKS:

 INSRs:
 WSP:
 Tel :
 Liability :
 RMKS:

 INSRs:
 WSP:
 Tel :
 Liability :
 RMKS:

 INSRs:
 WSP:
 Tel :
 Liability :
 RMKS:

| Date/ Time | | | STAGE | DATE / PIC |
|--|-----------------|--------------------------|-------------------------------------|---|
| | | | 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 |
| | | | Notification ltr (if non-pickup) | <input type="checkbox"/> |
| | | | After call ltr to OI: | <input type="checkbox"/> |
| | | | Authorisation To Act: | <input type="checkbox"/> |
| | | | Release Voucher: | <input type="checkbox"/> |
| | | | Final Repair Bill: | <input type="checkbox"/> |
| | | | Car Rental Invoice: | <input type="checkbox"/> |
| | | | Towing Invoice | <input type="checkbox"/> |
| | | | LTA / GIA : | <input type="checkbox"/> |
| | | | Medical Bill: | <input type="checkbox"/> |
| | | | PIR: | <input type="checkbox"/> |
| | | | Mandate/Reject Instruction: | <input type="checkbox"/> |
| | | | LOD | <input type="checkbox"/> |
| | | | Payment Breakdown Form: | <input type="checkbox"/> |
| | | | Post-Repair Photos: | <input type="checkbox"/> |
| | | | Others: | <input type="checkbox"/> |
| PRELIMINARY ADVICE Date/Time: _____ Sent By: _____ | | | | |
| FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____ | | | | |
| Repair Cost: | L/S | S\$ 2850.00 | (4 days) Reduction: 40,991.55 % 93 | Email <input type="checkbox"/> Call <input type="checkbox"/> |
| FINAL SETTLEMENT Date/Time: 05/06/2020 Confirm with WAI YIN 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\$ 3049.50 | | |
| Loss of Rental (LOR): | S\$ 522.72 | (5.5 days) X \$95.04 | | |
| Loss of Use (LOU): | S\$ | (\$ x days) | | |
| Loss of Income (LOI): | S\$ 220.00 | (\$ 40 x 5.5 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\$ | | | |
| Medical: | S\$ | | | 1) Claim status: <input checked="" type="checkbox"/> Normal/Reject/Private Settle |
| Disbursement: | S\$ | (e.g. Tow/ Independent) | | 2) Report Format: TP |
| Legal Cost | S\$ | | | 3) Survey fee: \$600.00 |
| Total: | S\$ 3792.22 | Global Sum S\$: | 3750.00 | |
| FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> | | | | |
| Payee 1: | S\$ 3750.00 | 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: | | |