

INS. CASE OWNER:

CC3 / CT120003973 / KK93

LKK:
IDAC:

ASSIGNMENT

Surveyor: Kenneth DOI: 12/3/2020 Date / Time: 12/3/2020
Registered in Mcrimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SKM 288M Claim No. : _____
Name of Insured : _____ Policy No. : _____
Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II : \$\$ _____ D.O.A : 16/3/2020 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. : _____ (VL: YES / NO) Insured Liability : % Final ? Yes / No

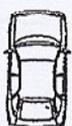
SHD 9505K →



INSRS: TRANS CAB
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 Typist	
	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"/>

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____ Post-Repair Photos:
Others:

FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____
Repair Cost: PIP S\$ 2255.33 (3 days) Reduction: 89 % Email Call

FINAL SETTLEMENT Date/Time: 14/1/2021 Confirm with Wai Yin Email Call
Final Liability: % 100 (Agreed / Assesed) BOLA S/N No. : 1 If NO or B 28, Ass. Lia :

Repair Cost: nil/nil S\$ 2413.20

Loss of Rental (LOR): S\$ 192.60 (2 days) x \$96.30

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

Loss of Income (LOI): S\$ 1W.W (\$ 50 x 2 days)

LOR only LOU only LOR + LOU LOR + LOI . [Tick only one]

GIA/LTA Search S\$ 7.45

Medical: S\$ — 1) Claim status: Normal/Reject/Private Settle

Disbursement: S\$ — (e.g. Tow/ Independent) 2) Report Format: SP

Legal Cost S\$ — 3) Survey fee: \$400.00

Total: S\$ 2713.25 Global Sum S\$:

FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email Call
Payee 1: S\$ 2713.25 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: _____