

ASSIGNMENT

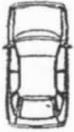
Surveyor: KENNETH

DOI: 17/03/2020

Date / Time : _____

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : GBD 1157E

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 16/03/2020

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. : _____ (V/L: YES / NO)

Insured Liability : % **Final ? Yes / No**

YK 3721D

GBD 1157E

SHC 5458U



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS: OI



INSRS:
WSP: TRANS CAB
Tel :
Liability :
RMKS: TP



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
	SHC 5458U - CC3/FC116009785/Kvbn2	24/05/2016
	GBD 1157E - NA/LPC20004089/h4	16/03/2020
	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"/> <input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
	Authorisation To Act:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Release Voucher:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Final Repair Bill:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Car Rental Invoice:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
	LTA / GIA :	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
	PIR:	<input type="checkbox"/> <input type="checkbox"/>
	Mandate/Reject Instruction:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	LOD	<input checked="" 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"/>

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____

FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____
 Repair Cost: S\$ 4,700.00 (5 days) Reduction: 81 % Email Call

FINAL SETTLEMENT Date/Time: 09/06/2020 Confirm with Ng Wai Yin Email Call

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 28 If NO or B 28, Ass. Lia : 0%

Repair Cost: (w/GST) S\$ 5,029.00 3 veh C.C, OI was 2nd

Loss of Rental (LOR): S\$ 475.20 (5 days)x \$95.04

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

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

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

GIA/LTA Search S\$ 7.49

Medical: S\$ -

Disbursement: S\$ - (e.g. Tow/ Independent)

Legal Cost S\$ -

Total: S\$ 5,511.69 **Global Sum S\$:**

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

Payee 1: S\$ 5,511.69 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/Dispute/Settle
- 2) Report Format: TP
- 3) Survey fee: \$400