d s3q2-1

CC 3 ~~AIG~~ 1800 2299,t XX

INS. CASE OWNER:	LKK:
	IDAC:

ASSIGNMENT

Surveyor: _FSL_   DOI: 5/1/18   Date / Time: 5/1/18

Registered in Merimen: 6/1/18

Pre-assign / CCU / FTE   SLF 4743R

Insured Vehicle No. :	UR	Claim No. :	
Name of Insured :	UR	Policy No. :	
Insured Tel No. :	HP:	Make / Model :	
Excess Sec II :S$	D.O.A : 1/1/18	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**

SHB 7568C →

INSRS:	→	INSRS:	→	INSRS:	→	INSRS:
WSP: Trans		WSP:		WSP:		WSP:
Tel : Cab		Tel :		Tel :		Tel :
Liability :		Liability :		Liability :		Liability :
RMKS:		RMKS:		RMKS:		RMKS:

Date/ Time	SHB 7568C —X	SLF 4743R —Y	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)		
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: 15/04/2020	Confirm with: Ng Wai Yin		Email ✓ Call ☐
Final Liability: % 100	(Agreed / Assessed) BOLA S/N No. : NIL		If NO or B 28, Ass. Lia :
Repair Cost: (w/GST) S$ 385.20		PIR AGAINST OI	
Loss of Rental (LOR): S$ 150.50	(2 days) x $75.25		
Loss of Use (LOU): S$ -	($ x days)		
Loss of Income (LOI): S$ 100.00	($ 50 x 2 days)		
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ✓ [Tick only one]			
GIA/LTA Search: S$ 7.49			
Medical: S$ -			1) Claim status: Normal ~~Reject/Private Settle~~
Disbursement: S$ -	(e.g. Tow/ Independent)		2) Report Format: TP
Legal Cost: S$ -			3) Survey fee: Paid
Total: S$ 643.19	**Global Sum S$:**		
FINAL PAYMENT Date/Time:	Confirm with:		Email ☐ Call ☐
Payee 1: S$ 643.19	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:		