

ASSIGNMENT

Surveyor: KENNETH DOI: 01/06/2020 Date / Time : 01/06/2020
 Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SHD 3060R Claim No. : _____
 Name of Insured : _____ Policy No. : _____
 Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II :S\$ _____ D.O.A : 28/05/2020 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**

SHD 9354D → _____ → _____ → _____



INSRS:
WSP: **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 9354D - CC3/AXA13011327/Kpb3y 21/06/2013	Non-Reporting ltr (1st):	
	CS3/ASM19018533/Hpb3s2 14/10/2019	Non-Reporting ltr (2nd):	
	SHD 3060R - CC3/AIG12018599/H1a2g2w2 22/09/2012	Non-Reporting ltr (Final):	
	CC3/AIG18005342/R1hb3q2 15/03/2018	Notification ltr (if non-pickup):	
	CC3/FCI16001997/Kqh3c2 10/04/2014	Call OI:	
	CC3/TMI17015299/K4tbn2 05/08/2017	After call ltr to OI:	
	CS/FCI18022494/Kqd3n2 11/12/2018	Documentation Check List: Handler Typist	
	CS/INC09007605/Yvh 06/04/2009	Notification ltr (if non-pickup)	<input type="checkbox"/>
	CS/INC09016426/Ch 21/07/2009	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:		Post-Repair Photos:	<input type="checkbox"/>
	Sent By:	Others:	<input type="checkbox"/>
FINALIZATION Date/Time:		Confirm with:	Confirm by: KSC
Repair Cost: P/P S\$ 1,789.68	(2 days) Reduction: 92 %	Email <input type="checkbox"/>	Call <input type="checkbox"/>
FINAL SETTLEMENT Date/Time: 25.09.20	Confirm with WAI YIN	Email <input 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\$ 1,914.96	OID REAR ENDED TP		
Loss of Rental (LOR): S\$ 360.00	(4 days) x \$90 (insurance recommended)		
Loss of Use (LOU): S\$ -	(\$ x days)		
Loss of Income (LOI): S\$ -	(\$ x days)		
LOR only <input checked="" type="checkbox"/>	LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/>	LOR + LOI <input type="checkbox"/> [Tick only one]
GIA/LTA Search	S\$ -		
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:	\$600
Total:	S\$ 2,274.96	Global Sum S\$:	2,270.00
FINAL PAYMENT Date/Time: 25.09.20	Confirm with: WAI YIN	Email <input type="checkbox"/>	Call <input type="checkbox"/>
Payee 1:	S\$ 2,270.00	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:	