

INS. CASE OWNER:

CC3 / CTI 2000 6416 / Kgs3

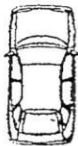
LKK:

IDAC:

ASSIGNMENT

Surveyor: KennethDOI: 17/06/2020Date / Time: 17/06/2020Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : PC 8306K
 Name of Insured : JOSEPH COACH PTE LTD
 Insured Tel No. : _____ HP: _____
 Excess Sec II : \$S _____ D.O.A : 16/06/2020
 Is driver the owner? (YES / ☒ NO) Nature of Accident : _____

Claim No. : _____
 Policy No. : _____
 Make / Model : _____
 Place of Accident : _____

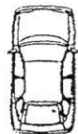
If NO, Driver Name / Age :

Driver Tel No. :

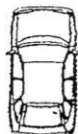
(V/L: ☒ YES / NO)OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NO

Insured Liability : % Final ? Yes / No

SHD 5986G



INSRS:
WSP: TRANS-CAB
Tel : _____
Liability : _____
RMKS: _____



INSRS:
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS:
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS:
WSP: _____
Tel : _____
Liability : _____
RMKS: _____

Date/ Time	SHD 5986G : CC3/LCR19000336/Kka3q2 ; DOA : 03/01/2019 PC 8306K : X	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: _____	Confirm with: _____	Confirm by: _____
FINALIZATION	Date/Time: _____ Confirm with: _____	Confirm by: _____	Email ☐ Call ☐
Repair Cost: P/P	\$S \$7,323.35 (3 days) Reduction: \$29,945.68 % 80		
FINAL SETTLEMENT	Date/Time: 29/06/2021 Confirm with: <u>WAI YIN</u>	Email ☒ Call ☐	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :	
Repair Cost:	\$S 7,835.98 W/GST		
Loss of Rental (LOR):	\$S 385.20 (4 days) x \$96.30		
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 7.45		
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: \$400.00	
Total:	\$S 8,228.63 Global Sum \$S:		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email ☒ Call ☐	
Payee 1:	\$S 8,228.63 Name 1: <u>TRANS-CAB AUTO SERVICES PTE LTD</u>		
Payee 2: (Strike if N.A.)	\$S Name 2:		
Payee 3: (Strike if N.A.)	\$S Name 3:		