

INS. CASE OWNER:

CC3 / AIG 2000 6592 / Krs3

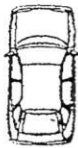
LKK:

IDAC:

ASSIGNMENT

Surveyor: KennethDOI: 23/06/2020Date / Time : 23/06/2020Registered in Merimen: 23/06/2020

Pre-assign / CCU / FTE

Insured Vehicle No. : GBG 9891A

Claim No. : _____

Name of Insured : DOTS TECHNOLOGY & TRADING

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$S _____ D.O.A : 22/06/2020

Place of Accident : _____

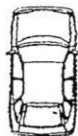
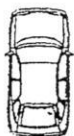
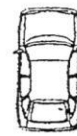
Is driver the owner? (YES / ☒ NO) Nature of Accident : _____

If NO, Driver Name / Age :

OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NODriver Tel No. : _____ (V/L: ☒ YES / NO)

Insured Liability : _____ % Final ? Yes / No

SHB 9797U

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

Date/ Time	SHB 9797U : CC3/ASM19002649/Kpb3q2 ; DOA : 11/02/2019 GBG 9891A : 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 <u>7,369.83</u> (<u>6</u> days) Reduction: <u>64</u> %		
FINAL SETTLEMENT	Date/Time: <u>16/9/2021</u> Confirm with <u>WAIYIN</u>	Email ☒ Call ☐	
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>27</u>	If NO or B 28, Ass. Lia :	
Repair Cost:	\$S <u>7,885.72</u>		
Loss of Rental (LOR):	\$S <u>730.17</u> (<u>9</u> days) x \$81.13		
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 <u>7.45</u>		
Medical:	\$S _____	1) Claim status: Normal ☒ Delay ☐ Private ☐ South ☐	
Disbursement:	\$S _____ (e.g. Tow/ Independent)	2) Report Format: <u>TP</u>	
Legal Cost	\$S _____	3) Survey fee: <u>320.00</u>	
Total:	\$S <u>8,623.34</u> Global Sum \$S:		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email ☐ Call ☐	
Payee 1:	\$S <u>8,623.34</u> 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: _____		