

INS. CASE OWNER:

CC3 / CTI 2000 6636 / Kds3

LKK:  
IDAC:

**ASSIGNMENT**

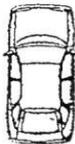
Surveyor: Kenneth

DOI: 22/06/2020

Date / Time : 22/06/2020

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SKU 6050A

Claim No. : \_\_\_\_\_

Name of Insured : LIM KWEE HWEE

Policy No. : \_\_\_\_\_

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

Make / Model : \_\_\_\_\_

Excess Sec II :SS \_\_\_\_\_ D.O.A : 18/06/2020

Place of Accident : \_\_\_\_\_

Is driver the owner? (  YES / NO ) Nature of Accident : \_\_\_\_\_

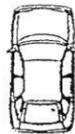
If NO, Driver Name / Age :

OI GIA REPORT:  YES / NO ; TP GIA REPORT:  YES / NO

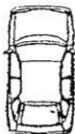
Driver Tel No. : \_\_\_\_\_ (V/L:  YES / NO )

Insured Liability : \_\_\_\_\_ % Final ? Yes / No

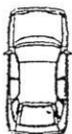
**SHD 678D**



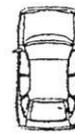
INSRS:  
WSP: **TRANS-CAB**  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time	STAGE	DATE / PIC
	SHD 678D : CS/HSB09027576/Ufn ; DOA : 06/12/2009	
	SKU 6050A : X	
	Non-Reporting ltr (1st):	
	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OI:	
	After call ltr to OI:	
	<b>Documentation Check List:</b> Handler Typist	
	Notification ltr (if non-pickup)	<input type="checkbox"/> <input type="checkbox"/>
	After call ltr to OI:	<input checked="" 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 type="checkbox"/> <input type="checkbox"/>
	LOD	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
<b>PRELIMINARY ADVICE</b> Date/Time:	Sent By:	Post-Repair Photos: <input type="checkbox"/> <input type="checkbox"/>
		Others: <input type="checkbox"/> <input type="checkbox"/>

<b>FINALIZATION</b> Date/Time:	Confirm with:	Confirm by:
Repair Cost: S\$ <b>1,600.00</b> ( <b>2</b> days) Reduction: <b>96</b> %		Email <input type="checkbox"/> Call <input type="checkbox"/>
<b>FINAL SETTLEMENT</b> Date/Time: <b>10/09/2020</b> Confirm with <b>Ng Wai Yin</b>		Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Final Liability: % <b>100</b> (Agreed / Assessed) BOLA S/N No. : <b>27</b>		If NO or B 28, Ass. Lia :
Repair Cost: (w/GST) S\$ <b>1,712.00</b>		
Loss of Rental (LOR): S\$ <b>147.47</b> ( <b>1</b> days) X <b>\$147.47</b>		
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\$ <b>7.49</b>		
Medical: S\$ -		1) Claim status: Normal <del>Reject/Partial Settlement</del>
Disbursement: S\$ - (e.g. Tow/ Independent)		2) Report Format: <b>TP</b>
Legal Cost S\$ -		3) Survey fee: <b>\$400</b>
<b>Total:</b> S\$ <b>1,866.96</b> Global Sum S\$:		
<b>FINAL PAYMENT</b> Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>
Payee 1: S\$ <b>1,866.96</b> Name 1: <b>Trans-Cab Auto Services Pte Ltd</b>		
Payee 2: (Strike if N.A.) S\$ Name 2:		
Payee 3: (Strike if N.A.) S\$ Name 3:		