

INS. CASE OWNER:

CC 3 / AIG 2000 6841 / Kgs3

LKK:

IDAC:

ASSIGNMENT

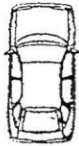
Surveyor: Kenneth

DOI: 30/06/2020

Date / Time: 30/06/2020

Registered in Merimen: 30/06/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SBT 26Y

Claim No. : _____

Name of Insured : TAN BENG BIN

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : S\$ _____ D.O.A : 26/06/2020

Place of Accident : _____

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

If NO, Driver Name / Age :

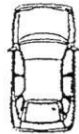
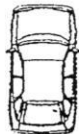
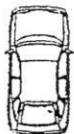
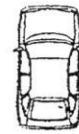
OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NO

Driver Tel No. :

(V/L: ☒ YES / NO)

Insured Liability : % Final ? Yes / No

SHD 5596Z

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 5596Z : CS/UOI19010491/Kqd3n2 ; DOA : 11/06/2019 SBT 26Y : X	
01/07/2020	- OINR *** SENT OUT FIRST NON-REPORTING LETTER	
08/07/2020	✓ OI GIA Rec'd	
	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: P/P S\$ 732.23 (1 days) Reduction: 22,816.05 % 97	Email ☒ Call ☐	
FINAL SETTLEMENT Date/Time: 21/01/2021 Confirm with WAI YIN Email ☒ Call ☐		
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :	
Repair Cost: S\$ 783.48 W/GST		
Loss of Rental (LOR): S\$ 192.60 (2 days) x \$96.30		
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\$ 7.45		
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: \$320.00	
Total: S\$ 1083.53 Global Sum S\$:		
FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email ☒ Call ☐		
Payee 1: S\$ 1083.53 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:		