

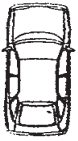
INS. CASE OWNER:

CC3/AIG16012062/Kea3s2-1

IDAC:

**ASSIGNMENT**

Surveyor: \_\_\_\_\_ DOI: \_\_\_\_\_ Date / Time : \_\_\_\_\_  
 Registered in Merimen: \_\_\_\_\_

**Pre-assign / CCU / FTE**

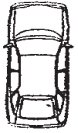
Insured Vehicle No. : **GBC 7709D** Claim No. : \_\_\_\_\_  
 Name of Insured : \_\_\_\_\_ Policy No. : \_\_\_\_\_  
 Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_ Make / Model : \_\_\_\_\_  
**Excess Sec II :S\$** \_\_\_\_\_ D.O.A : **24/06/2016** Place of Accident : \_\_\_\_\_  
 Is driver the owner? ( YES / NO ) Nature of Accident : \_\_\_\_\_

If **NO**, Driver Name / Age :

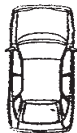
Driver Tel No. :

(V/L: YES / NO )

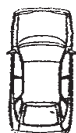
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No****SHC 5205H**

INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time			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:	
			<b>Documentation Check List:</b>	<b>Handler</b>
			Notification ltr (if non-pickup)	<input type="checkbox"/>
			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"/>
<b>PRELIMINARY ADVICE</b>	Date/Time:	Sent By:	Post-Repair Photos:	<input type="checkbox"/>
			Others:	<input type="checkbox"/>
<b>FINALIZATION</b>	Date/Time:	Confirm with:	Confirm by: <b>KSC</b>	
Repair Cost: <b>P/P</b>	<b>S\$ 8,999.13</b>	( <b>6</b> days) Reduction: <b>70</b> %	Email <input type="checkbox"/>	Call <input type="checkbox"/>
<b>FINAL SETTLEMENT</b>	Date/Time: <b>19.11.20</b>	Confirm with <b>WAI YIN</b>	Email <input type="checkbox"/>	Call <input type="checkbox"/>
Final Liability:	% <b>100</b>	(Agreed / Assessed) BOLA S/N No. : <b>NIL</b>	If NO or B 28, Ass. Lia :	
Repair Cost: <b>w/GST</b>	<b>S\$ 9,629.07</b>	<b>OID CHARGED FOR CARELESS DRIVING</b>		
Loss of Rental (LOR):	<b>S\$ 1,284.00</b>	( <b>10</b> days) X \$128.40		
Loss of Use (LOU):	<b>S\$ -</b>	( \$ x days)		
Loss of Income (LOI):	<b>S\$ 500.00</b>	( \$ <b>50</b> x <b>10</b> days)		
LOR only <input type="checkbox"/>	LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/>	LOR + LOI <input checked="" type="checkbox"/>	[Tick only one]
GIA/LTA Search	<b>S\$ 6.00</b>			
Medical:	<b>S\$ -</b>			
Disbursement:	<b>S\$ -</b>	(e.g. Tow/ Independent )	1) Claim status: Normal/ <del>Reject/Private Settle</del>	
Legal Cost	<b>S\$ -</b>		2) Report Format: <b>TP</b>	
			3) Survey fee: <b>NO BILL</b>	
<b>Total:</b>	<b>S\$ 11,419.07</b>	<b>Global Sum S\$:</b>		
<b>FINAL PAYMENT</b>	Date/Time: <b>19.11.20</b>	Confirm with: <b>WAI YIN</b>	Email <input type="checkbox"/>	Call <input type="checkbox"/>
Payee 1:	<b>S\$ 11,419.07</b>	Name 1:	<b>TRANS-CAB AUTO SERVICES PTE LTD</b>	
Payee 2: (Strike if N.A.)	<b>S\$</b>	Name 2:		
Payee 3: (Strike if N.A.)	<b>S\$</b>	Name 3:		