

ASSIGNMENTSurveyor: **KENNETH**DOI: **17/08/2020**Date / Time : **17/08/2020**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **SME 5650K**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **12/08/2020 08:50**

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****SHC 5771P**INSRS:
WSP: TRANS-CAB
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	SHC 5771P - CC3/CTI19011490/Kha3s2 ; 26/06/2019	STAGE	DATE / PIC
	CC3/LCR17020564/Kwa3s2 ; 20/10/2017	Non-Reporting ltr (1st):	
	CC4/AIG09004109/DDvn ; 24/02/2009	Non-Reporting ltr (2nd):	
	NA/CTI20008307/z4 ; 12/08/2020	Non-Reporting ltr (Final):	
	SME 5650K - NA/CTI20008307/z4 ; 12/08/2020	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:	☐ ☐
PRELIMINARY ADVICE Date/Time:	Sent By:	Post-Repair Photos:	☐ ☐
		Others:	☐ ☐
FINALIZATION Date/Time:	Confirm with:	Confirm by:	
Repair Cost: L/SUM S\$ 1,450.00 (2.5 days) Reduction: 89 %		Email ☐ Call ☐	
FINAL SETTLEMENT Date/Time: 7.12.2020 Confirm with WAIYIN		Email ☒ Call ☐	
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 10		If NO or B 28, Ass. Lia :	
Repair Cost: W/GST S\$ 1,551.50			
Loss of Rental (LOR):w/GST S\$ 202.83 (2.5 days) x 81.13			
Loss of Use (LOU): S\$ (\$ x days)			
Loss of Income (LOI): S\$ 125.00 (\$ 50 x 2.5 days)			
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☒ [Tick only one]			
GIA/LTA Search S\$ 7.49			
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\$ 1,886.82 Global Sum S\$:			
FINAL PAYMENT Date/Time:	Confirm with:	Email ☐ Call ☐	
Payee 1: S\$ 1,886.82	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:		