

ASSIGNMENTSurveyor: **KENNETH**DOI: **27/10/2020**Date / Time : **27/10/2020**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **GBK 573G**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

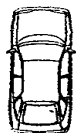
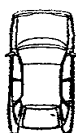
Excess Sec II : \$ _____ D.O.A : **23/10/2020 19:10**Place of Accident : **LORONG 4 TOA PAYOH**

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 9918C**INSRS:
WSP: **TRANS-**
Tel : **CAB**
Liability : **AUTO**
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SHD 9918C - X	GBK 573G - 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:		
FINALIZATION	Date/Time:	Confirm with:	Confirm by:	
Repair Cost: L/SUM	\$S 3,750.00	(4 days) Reduction: 66 %	Email ☐	Call ☐
FINAL SETTLEMENT	Date/Time: 22/3/2021	Confirm with WAIYIN	Email ☒	Call ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :	
Repair Cost: W/GST	\$S 4,012.50			
Loss of Rental (LOR):	\$S 486.78	(6 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 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 4,506.77	Global Sum S\$:		
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐	Call ☐
Payee 1:	\$S 4,506.77	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:		