

ASSIGNMENTSurveyor: KENNETHDOI: 15/12/2020Date / Time : 15/12/2020Registered in Merimen: 20/12/2020**Pre-assign / CCU / FTE**Insured Vehicle No. : SMN 1568U

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$ _____ D.O.A : 14/12/2020Place of Accident : SLIP ROAD TO ECP FROM SUNTEC > AIRPORT

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 9278RINSRS:
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
	<u>SHD 9278R - NA/AIG15007061/d2 ; 26.04.2015</u>	Non-Reporting ltr (1st):	
	<u>SMN 1568U - X</u>	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	☐ ☐
<u>20/05/2021</u>	<u>SETTLED AND CLOSED / NO PHY FILE</u>	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: <u>P/P</u>	\$S\$ <u>3,564.05</u> (<u>2.5</u> days) Reduction: <u>81.64</u> %	Email ☒ Call ☐	
FINAL SETTLEMENT	Date/Time: <u>18/05/2021</u> Confirm with: <u>WAI YIN</u>	Email ☒ Call ☐	
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>27</u>	If NO or B 28, Ass. Lia :	
Repair Cost: (W/GST)	\$S\$ <u>3,813.53</u>		
Loss of Rental (LOR):	\$S\$ <u>288.90</u> (<u>3</u> days) x \$96.30		
Loss of Use (LOU):	\$S\$ _____ (\$ _____ x _____ days)		
Loss of Income (LOI):	\$S\$ <u>150.00</u> (\$ <u>50</u> x <u>3</u> days)		
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☒ [Tick only one]			
GIA/LTA Search	\$S\$ <u>7.45</u>		
Medical:	\$S\$ _____	1) Claim status: Normal/Reject/Private Settle	
Disbursement:	\$S\$ _____ (e.g. Tow/ Independent)	2) Report Format: <u>TP</u>	
Legal Cost	\$S\$ _____	3) Survey fee: <u>\$320.00</u>	
Total:	\$S\$ <u>4,259.88</u> Global Sum \$S\$: <u>4,200.00</u>		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____ Email ☐ Call ☐		
Payee 1:	\$S\$ <u>4,200.00</u> Name 1: <u>TRANS-CAB AUTO SERVICES PTE LTD</u>		
Payee 2: (Strike if N.A.)	\$S\$ _____ Name 2: _____		
Payee 3: (Strike if N.A.)	\$S\$ _____ Name 3: _____		