

ASSIGNMENTSurveyor: **KENNETH**DOI: **21/12/2020**Date / Time : **21/12/2020**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **GBJ 7357Z**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

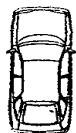
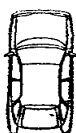
Excess Sec II :S\$ _____ D.O.A : **16/12/2020 14:00**Place of Accident : **ALONG SCOTTS RD NEAR THE AMERICAN CLUB**

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 5188T**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 5188T - CC3/AIG17001673/Kwb3q2 ; 22/01/2017	Non-Reporting ltr (1st):	
	NA/AIG17002407/h4 ; 22/01/2017	Non-Reporting ltr (2nd):	
	GBJ 7357Z - CS3/CTI19021448/Etf3e2 ; 24/11/2019	Non-Reporting ltr (Final):	
	NBA/CTI20007819/Y ; 24/11/2019	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: P/P S\$ 2,145.90 (2 days) Reduction: 85 %		Email ☐ Call ☐	
FINAL SETTLEMENT Date/Time: 23/3/2021 Confirm with WAIYIN		Email ☒ Call ☐	
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 9		If NO or B 28, Ass. Lia :	
Repair Cost: S\$ 2,296.11			
Loss of Rental (LOR): S\$ 224.70 (2 days) x \$112.35			
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\$ 7.49			
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\$ 2,628.30 Global Sum S\$:			
FINAL PAYMENT Date/Time:	Confirm with:	Email ☐ Call ☐	
Payee 1: S\$ 2,628.30 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:			