

ASSIGNMENTSurveyor: KENNETHDOI: 23/12/2020Date / Time : 23/12/2020Registered in Merimen: 24/12/2020**Pre-assign / CCU / FTE**Insured Vehicle No. : SKF 1759B

Claim No. : \_\_\_\_\_

Name of Insured : \_\_\_\_\_

Policy No. : \_\_\_\_\_

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

Make / Model : \_\_\_\_\_

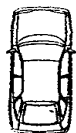
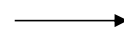
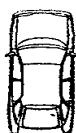
Excess Sec II :S\$ \_\_\_\_\_ D.O.A : 22/12/2020 12:55Place of Accident : BARTLEY RD > BRADDELL

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**SKZ 9394LSKF 1759BSHB 7535YINSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:OIINSRS:  
WSP:  
Tel :  
Liability :  
RMKS:TRANS-  
CAB  
AUTO  
TPINSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time		STAGE	DATE / PIC
	<u>SHB 7535Y - CC3/AIG17005208/Keg3s2 ; 10.3.17</u>	Non-Reporting ltr (1st):	
	<u>SKF 1759B - X</u>	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
<u>18/05/2021</u>	<u>Pls refer to Views for details.</u>	Call OI:	
		After call ltr to OI:	
		<b>Documentation Check List:</b>	<b>Handler</b> <b>Typist</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:	
Repair Cost: <u>P/P</u>	S\$ <u>2,807.80</u> ( <u>2.5</u> days) Reduction: <u>80</u> %	Email <input type="checkbox"/> Call <input type="checkbox"/>	
<b>FINAL SETTLEMENT</b>	Date/Time: <u>18/05/2021</u> Confirm with <u>Wai Yin</u>	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>28</u>	If NO or B 28, Ass. Lia : <u>0</u>	
Repair Cost: <u>w/GST</u>	S\$ <u>3,004.35</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 <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	S\$ <u>7.45</u>		
Medical:	S\$ _____	1) Claim status: Normal/ <del>Reject/Prints/Settle</del>	
Disbursement:	S\$ _____ (e.g. Tow/ Independent )	2) Report Format: <u>TP</u>	
Legal Cost	S\$ _____	3) Survey fee: <u>\$320.00</u>	
<b>Total:</b>	S\$ <u>3,450.70</u> <b>Global Sum S\$:</b> <u>3,450.00</u>		
<b>FINAL PAYMENT</b>	Date/Time: _____ Confirm with: _____	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Payee 1:	S\$ <u>3,450.00</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: _____		