

ASSIGNMENT

Surveyor: KENNETH

DOI: 28/12/2020

Date / Time : 24/12/2020

Registered in Merimen: 28/12/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : GBK 1765M

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$ _____ D.O.A : 22.12.2020 1550

Place of Accident : _____

Is driver the owner? (YES / NO) Nature of Accident : _____

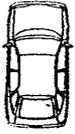
If NO, Driver Name / Age : _____

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

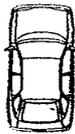
Driver Tel No. : _____ (V/L: YES / NO)

Insured Liability : _____ % **Final ? Yes / No**

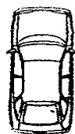
SHD 903D



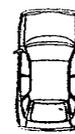
INSRS:
WSP: TRANS-CAB
Tel : _____
Liability : _____
RMKS: _____



INSRS:
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS:
WSP: _____
Tel : _____
Liability : _____
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INSRS:
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Tel : _____
Liability : _____
RMKS: _____

Date/ Time		STAGE	DATE / PIC
	<u>SHD 903D - CC3/FC14013521/Kgd1 ; 22/03/2014</u>	Non-Reporting ltr (1st):	
	<u>CS/FC14004766/gbXX ; 04/03/2014</u>	Non-Reporting ltr (2nd):	
	<u>NA/III14011682/d2 ; 21/06/2014</u>	Non-Reporting ltr (Final):	
	<u>NA/INC15013143/d2 ; 04/08/2015</u>	Notification ltr (if non-pickup):	
	<u>GBK 1765M - X</u>	Call OI:	
		After call ltr to OI:	
		Documentation Check List: Handler Typist	
		Notification ltr (if non-pickup)	<input type="checkbox"/> <input type="checkbox"/>
		After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
		Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
		Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
		Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
		Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
		LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
		PIR:	<input type="checkbox"/> <input type="checkbox"/>
		Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
		LOD	<input type="checkbox"/> <input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
PRELIMINARY ADVICE Date/Time:	Sent By:	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
		Others:	<input type="checkbox"/> <input type="checkbox"/>
FINALIZATION Date/Time:	Confirm with:	Confirm by:	
Repair Cost: <u>L/S</u> S\$ <u>\$900.00</u> (<u>1.5</u> days) Reduction: <u>\$6,439.21</u> % <u>88</u>		Email <input type="checkbox"/> Call <input type="checkbox"/>	
FINAL SETTLEMENT Date/Time: <u>21/04/2021</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>24</u>		If NO or B 28, Ass. Lia :	
Repair Cost: S\$ <u>963.00</u> <u>W/GST</u>			
Loss of Rental (LOR): S\$ <u>162.26</u> (<u>2</u> days) <u>X \$81.13</u>			
Loss of Use (LOU): S\$ _____ (\$ _____ x _____ days)			
Loss of Income (LOI): S\$ <u>80.00</u> (\$ <u>40</u> x <u>2</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: <input checked="" type="checkbox"/> Normal/Reject/Private Settle	
Disbursement: S\$ _____ (e.g. Tow/ Independent)		2) Report Format: <u>TP</u>	
Legal Cost S\$ _____		3) Survey fee: <u>\$350.00</u>	
Total: S\$ <u>1,212.71</u>	Global Sum S\$:		
FINAL PAYMENT Date/Time:	Confirm with:	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Payee 1: S\$ <u>1,212.71</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: _____		