

INS. CASE OWNER:

ASSIGNMENT

Surveyor: KENNETH DOI: 16/02/2021 Date / Time : 16/02/2021
Registered in Merimen: _____

Pre-assign / CCU / FTE



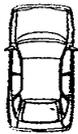
Insured Vehicle No. : SMH 2580H Claim No. : _____
Name of Insured : _____ Policy No. : _____
Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II :S\$ _____ D.O.A : 11/02/2021 14:50 Place of Accident : _____
Is driver the owner? (YES / NO) Nature of Accident : _____

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

SLV 4160L → SMH 2580H → SHC 5982Y → _____



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS: **OI**



INSRS: **TRANS-**
WSP: **CAB**
Tel : **AUTO**
Liability :
RMKS: **TP**



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SHC 5982Y - X	SMH 2580H - 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)	<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: KSC	
Repair Cost: L/S S\$ 6,450.00 (5 days) Reduction: 66 %			Email <input type="checkbox"/> Call <input type="checkbox"/>	
FINAL SETTLEMENT Date/Time: 14.05.21 Confirm with WAI YIN			Email <input type="checkbox"/> Call <input type="checkbox"/>	
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 28			If NO or B 28, Ass. Lia :	
Repair Cost: w/GST S\$ 6,901.50 3VEH CC OID 2ND				
Loss of Rental (LOR): S\$ 811.30 (10 days) X \$81.13				
Loss of Use (LOU): S\$ - (\$ - x - days)				
Loss of Income (LOI): S\$ 500.00 (\$ 50 x 10 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\$ 7.49				
Medical: S\$ -			1) Claim status: Normal/ Reject/Private Sec'd	
Disbursement: S\$ - (e.g. Tow/ Independent)			2) Report Format: TP	
Legal Cost S\$ -			3) Survey fee: \$400	
Total: S\$ 8,220.29 Global Sum S\$: 8,220.00				
FINAL PAYMENT Date/Time: 14.05.21 Confirm with: WAI YIN			Email <input type="checkbox"/> Call <input type="checkbox"/>	
Payee 1: S\$ 8,220.00 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: _____				