

ASSIGNMENTSurveyor: **KENNETH**DOI: **24/02/2021**Date / Time : **24/02/2021**Registered in Merimen: **24.02.2021****Pre-assign / CCU / FTE**Insured Vehicle No. : **GBH 431Z**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$ _____ D.O.A : **01/02/2021 14:05**

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 5151Z**INSRS:
WSP: **TRANS-**
Tel : **CAB**
Liability **AUTO**
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SHD 5151Z - CC3/AXA16004337/Kba3s2-1 ; 03/03/2016	Non-Reporting ltr (1st):	
	CC3/AXA16004337/Kzb3s2 ; 03/03/2016	Non-Reporting ltr (2nd):	
	GBH 431Z - X	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	☐ ☐
		LTA / GIA :	☒ ☐
14/05/2021	SETTLED AND CLOSED / NO PHY FILE	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\$ 2,061.38 (2 days) Reduction: 83.20 %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 11/05/2021 Confirm with Amanda	Email ☒ Call ☐	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :	
Repair Cost: (W/GST)	S\$ 2,205.68		
Loss of Rental (LOR):	S\$ 385.20 (4 days) x \$96.30	OID encroached into	
Loss of Use (LOU):	S\$ (\$ x days)	third party lane	
Loss of Income (LOI):	S\$ 160.00 (\$ 40 x 4 days)		
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☒	[Tick only one]		
GIA/LTA Search	S\$ 7.45		
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: \$500.00	
Total:	S\$ 2,758.33 Global Sum S\$: 2,700.00		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email ☐ Call ☐	
Payee 1:	S\$ 2,700.00 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:		