LKK:
IDAC:

INS. CASE OWNER:

CC3/AIG21004448/Kps3

ASSIGNMENT

Surveyor: **Kenneth**　　DOI: 06/04/2021　　Date / Time : 07/04/2021

Registered in Merimen: 07/04/2021

Pre-assign / CCU / FTE

Insured Vehicle No.　:　**SKX 1768E**　　　Claim No.　:　_____

Name of Insured　:　Lim Jiew Seng (Lin Youqing)　　Policy No.　:　_____

Insured Tel No.　:　_____　HP:　_____　Make / Model　:　_____

Excess Sec II :S$ _____　D.O.A : 02/04/2021　Place of Accident : _____

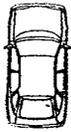Is driver the owner?　(YES / NO)　Nature of Accident : _____

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**
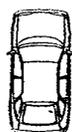
SHD 9046T →　————→　————→　————→　————

INSRS:	INSRS:	INSRS:	INSRS:	INSRS:
WSP: **TRANS-CAB**	WSP:	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:	RMKS:
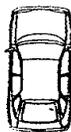
Date/ Time		STAGE	DATE / PIC
	SHD 9046T : CC3/EQI16023849/Khb3q2 ; DOA : 10/12/2016		
	SKX 1768E : X	Non-Reporting ltr (1st):	
13/04/2021	- OINR *** SENT OUT FIRST NON-REPORTING LETTER	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	
20/09/2021	Pls refer to VIEWS for details.	Documentation Check List: Handler　Typist	

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:		☐
Post-Repair Photos:	☐	☐
Others:	☐	☐

PRELIMINARY ADVICE Date/Time: _____　Sent By: _____

FINALIZATION Date/Time: _____　Confirm with: _____　Confirm by: _____

Repair Cost: **P/P** S$ 964.73　(2 days) Reduction: 91 %　　Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 20/09/2021　Confirm with: Wai Yin　Email ✓ Cal ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 22	If NO or B 28, Ass. Lia :	
Repair Cost: **W/GST**	S$ 1,032.26		
Loss of Rental (LOR):	S$ 449.40 (4 days) x S$112.35		
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI):	S$ 200.00 ($ 50 x 4 days)		
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LO ✓ [**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: $320.00	
Total:	S$ 1,689.11　**Global Sum S$:** 1,680.00		

FINAL PAYMENT Date/Time: _____　Confirm with: _____　Email ✓ Cal ☐

Payee 1:	S$ 1,680.00	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:	