LKK:
IDAC:

INS. CASE OWNER:

CC3/AIG21004453/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. : **SGL 5905K** Claim No. :

Name of Insured : **HEW LEE LEE** 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**

SHB 7686U ⟶ ⟶ ⟶

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

Date/ Time	SHB 7686U : CC3/FCI14012280/K1qm3c3 ; DOA : 29/06/2014 SGL 5905K : X	STAGE	DATE / PIC
		Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
04/10/2021	Pls refer to VIEWS for details.	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 :	☐ ☐
		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$ 1,295.73 (2 days) Reduction: 91 %		Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 04/10/2021 Confirm with **Wai Yin** Email ✓ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: **w/GST**	S$ 1,386.43	
Loss of Rental (LOR):	S$ 592.40 (4 days) x S$148.10	
Loss of Use (LOU):	S$ ($ x days)	
Loss of Income (LOI):	S$ 200.00 ($ 50 x 4 days) ✓	
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOU ✓ [**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: $320.00
Total:	S$ 2,186.28 Global Sum S$: 2,185.00	

FINAL PAYMENT Date/Time: Confirm with: Email ✓ Call ☐

Payee 1:	S$ 2,185.00	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:	