

ASSIGNMENTSurveyor: **STEVE**DOI: **19/04/2021**Date / Time : **19/04/2021**Registered in Merimen: **—****Pre-assign / CCU / FTE**Insured Vehicle No. : **SHF 505J**

Claim No. : _____

Name of Insured : **TRANS-CAB SERVICES PTE LTD**

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ \$5,000.00 D.O.A : 15/04/2021

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****SLS 4246P**INSRS:
WSP: **AUTO MEGA**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time				
	SLS 4246P : X	STAGE	DATE / PIC	
	SHF 505J : CC3/AXA14013995/Kza3s2 ; DOA : 17/07/2014	Non-Reporting ltr (1st):		
		Non-Reporting ltr (2nd):		
22/04/2021	- OINR *** SENT OUT FIRST NON-REPORTING LETTER BY EMAIL	Non-Reporting ltr (Final):		
		Notification ltr (if non-pickup):		
		Call OI:		
		After call ltr to OI:		
17/05/2021	Pls refer to VIEWS for details.	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: L/sum	S\$ 4,000.00 (4 days) Reduction: 66 %		Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 17/05/2021 Confirm with Jonathan		Email ☒ Call ☐	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 14		If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ 4,000.00			
Loss of Rental (LOR):	S\$ 500.00 (5 days) x \$100.00			
Loss of Use (LOU):	S\$ (\$ x days)			
Loss of Income (LOI):	S\$ (\$ x 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: \$350.00	
Total:	S\$ 4,507.45 Global Sum S\$: 4,500.00			
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☒ Call ☐	
Payee 1:	S\$ 4,500.00	Name 1: AUTO MEGA MALL PTE LTD		
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		