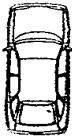


ASSIGNMENT

Surveyor: Kenneth DOI: 29/04/2021 Date / Time : 03/05/2021

Registered in Merimen: 03/05/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : GBJ 6211S
 Name of Insured : BILLY AIR-CONDITIONING & ELECTRICAL ENGINEERING
 Insured Tel No. : _____ HP: _____
Excess Sec II :S\$ _____ D.O.A : 27/04/2021

Claim No. : _____
 Policy No. : _____
 Make / Model : _____
 Place of Accident : _____

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

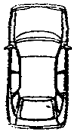
If NO, Driver Name / Age : _____

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : _____ (V/L: YES / NO)

Insured Liability : _____ % **Final ? Yes / No**

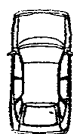
SHD 137Z



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



INSRS: _____
 WSP: _____
 Tel : _____
 Liability : _____
 RMKS: _____



INSRS: _____
 WSP: _____
 Tel : _____
 Liability : _____
 RMKS: _____



INSRS: _____
 WSP: _____
 Tel : _____
 Liability : _____
 RMKS: _____

Date/ Time	STAGE	DATE / PIC
	SHD 137Z : CC3/TMI20005688/Kyf3n2 ; DOA : 10/05/2020	
	GBJ 6211S : X	
17/05/2021	- OINR *** SENT OUT FIRST NON-REPORTING LETTER	
	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"/>
	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
	Others:	<input type="checkbox"/> <input type="checkbox"/>

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____

FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____
 Repair Cost: **L/SUM** S\$ **1,650.00** (**2** days) Reduction: **89** % Email Call

FINAL SETTLEMENT Date/Time: **31/7/2021** Confirm with **WAIYIN** Email Call

Final Liability: % **100** (Agreed / Assessed) BOLA S/N No. : **NIL** If NO or B 28, Ass. Lia : _____
 Repair Cost: S\$ **1,765.50**
 Loss of Rental (LOR): S\$ **290.97** (**3** days) x **\$96.99**
 Loss of Use (LOU): S\$ _____ (\$ _____ x _____ days)
 Loss of Income (LOI): S\$ **150.00** (\$ **50** x **3** days)
 LOR only LOU only LOR + LOU LOR + LOI [Tick only one]

GIA/LTA Search S\$ **7.45**
 Medical: S\$ _____
 Disbursement: S\$ _____ (e.g. Tow/ Independent)
 Legal Cost S\$ _____
 1) Claim status: Normal/Reject/Private Settlement
 2) Report Format: **TP**
 3) Survey fee: **320.00**

Total: S\$ **2,213.92** **Global Sum S\$:** _____

FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email Call

Payee 1: S\$ **2,213.92** 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: _____