

**ASSIGNMENT**Surveyor: **KENNETH**DOI: **25/05/2021**Date / Time : **25/05/2021**

Registered in Merimen: \_\_\_\_\_

**Pre-assign / CCU / FTE**Insured Vehicle No. : **SJT 7130M**

Claim No. : \_\_\_\_\_

Name of Insured : \_\_\_\_\_

Policy No. : \_\_\_\_\_

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

Make / Model : \_\_\_\_\_

Excess Sec II :S\$ \_\_\_\_\_ D.O.A : **22/05/2021 16:15**

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****SHF 585C**INSRS:  
WSP: **TRANS-CAB**  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time	SHF 585C - X	SJT 7130M - X	STAGE	DATE / PIC
			Non-Reporting ltr (1st):	
			Non-Reporting ltr (2nd):	
			Non-Reporting ltr (Final):	
			Notification ltr (if non-pickup):	
			Call OI:	
			After call ltr to OI:	
			<b>Documentation Check List:</b>	<b>Handler</b> <b>Typist</b>
			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"/> <input type="checkbox"/>
			Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
			Others:	<input type="checkbox"/> <input type="checkbox"/>
<b>PRELIMINARY ADVICE</b>	Date/Time: _____	Sent By: _____		
<b>FINALIZATION</b>	Date/Time: _____	Confirm with: _____	Confirm by: <b>KSC</b>	
Repair Cost: <b>P/P</b>	S\$ <b>900.40</b> ( <b>1.5</b> days) Reduction: <b>89</b> %	Email <input type="checkbox"/> Call <input type="checkbox"/>		
<b>FINAL SETTLEMENT</b>	Date/Time: <b>02.07.21</b> Confirm with <b>WAIYIN</b>	Email <input type="checkbox"/> Call <input type="checkbox"/>		
Final Liability:	% <b>100</b> (Agreed / Assessed) BOLA S/N No. : <b>27</b>	If NO or B 28, Ass. Lia :		
Repair Cost: <b>w/GST</b>	S\$ <b>963.43</b>	<b>OID REAR ENDED TP</b>		
Loss of Rental (LOR):	S\$ <b>283.96</b> ( <b>3.5</b> days) X \$81.13			
Loss of Use (LOU):	S\$ <b>-</b> (\$ <b>x</b> days)			
Loss of Income (LOI):	S\$ <b>175.00</b> (\$ <b>50</b> x <b>3.5</b> days)			
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input checked="" type="checkbox"/>	[Tick only one]			
GIA/LTA Search	S\$ <b>7.49</b>			
Medical:	S\$ <b>-</b>	1) Claim status: Normal/ <del>Reject/Prints/Settle</del>		
Disbursement:	S\$ <b>-</b> (e.g. Tow/ Independent )	2) Report Format: <b>TP</b>		
Legal Cost	S\$ <b>-</b>	3) Survey fee: <b>\$400</b>		
<b>Total:</b>	S\$ <b>1,429.88</b>	<b>Global Sum S\$: 1,420.00</b>		
<b>FINAL PAYMENT</b>	Date/Time: <b>02.07.21</b> Confirm with: <b>WAI YIN</b>	Email <input type="checkbox"/> Call <input type="checkbox"/>		
Payee 1:	S\$ <b>1,420.00</b>	Name 1: <b>TRANS-CAB AUTO SERVICES PTE LTD</b>		
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		