

**ASSIGNMENT**

Surveyor: KENNETH DOI: 21/04/2020 Date / Time : 21/04/2020  
 Registered in Merimen: 21/04/2020

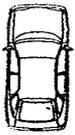
**Pre-assign / CCU / FTE**



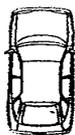
Insured Vehicle No. : SDV 5785Y Claim No. : 2926518990SG  
 Name of Insured : WONG MENG TECK Policy No. : 1900077574  
 Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_ Make / Model : SUBARUFORESTER-2.0 I-S EYESIGHT AWD CVT SR (A)  
**Excess Sec II :S\$** \_\_\_\_\_ D.O.A : 18/04/2020 Place of Accident : 10 KALLANG ROAD (OUTSIDE ICA BUILDING)  
 Is driver the owner? ( YES /  NO ) Nature of Accident :

If **NO**, Driver Name / Age : WONG LAY MEIN,SHARON OI GIA REPORT:  YES / NO ; TP GIA REPORT:  YES / NO  
 Driver Tel No. : 97333584 (V/L:  YES / NO ) Insured Liability : \_\_\_\_\_ % **Final ? Yes / No**

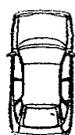
SHD 5470C →



INSRS:  
WSP: \_\_\_\_\_  
Tel : TRANS CAB  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_



INSRS:  
WSP: \_\_\_\_\_  
Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_



INSRS:  
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Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_



INSRS:  
WSP: \_\_\_\_\_  
Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_

Date/ Time				
	<b>SHD 5470C - CS/SMO20000183/Ktd3n2</b>	<b>02/01/2020</b>	<b>STAGE</b>	<b>DATE / PIC</b>
	CS/FCI13001500/Uvu2	20/01/2013	Non-Reporting ltr (1st):	
	CC3/TMI19015615/Ktf3n2	01/09/2019	Non-Reporting ltr (2nd):	
			Non-Reporting ltr (Final):	
	<b>SDV 5785Y - CS3/AIG16002798/Aha3s2</b>	<b>09/02/2016</b>	Notification ltr (if non-pickup):	
	CC3/AIG16002913/Kgbd1	09/02/2016	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"/>
<b>PRELIMINARY ADVICE</b>	Date/Time:	Sent By:	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
			Others:	<input type="checkbox"/> <input type="checkbox"/>
<b>FINALIZATION</b>	Date/Time:	Confirm with:	Confirm by:	
Repair Cost: PP	S\$ 4583.10	( 3 days) Reduction: 24,782.20 % 84	Email <input type="checkbox"/> Call <input type="checkbox"/>	
<b>FINAL SETTLEMENT</b>	Date/Time:	Confirm with WAI YIN	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Final Liability:	% <b>100</b>	(Agreed / Assessed) BOLA S/N No. : <b>23</b>	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ <b>4903.92</b>	<b>W/GST</b>		
Loss of Rental (LOR)385.20	S\$ <b>192.60</b>	( 4 days) <b>x \$96.30</b>	(AIG'S INSTRUCTION)	
Loss of Use (LOU):	S\$ (\$ x days)			
Loss of Income (LOI):	S\$ (\$ x days)			
LOR only <input checked="" type="checkbox"/> LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/>	LOR + LOI <input type="checkbox"/>	[Tick only one]	
GIA/LTA Search	S\$ <b>7.45</b>			
Medical:	S\$		1) Claim status: <input checked="" type="checkbox"/> Normal/Reject/Private Settle	
Disbursement:	S\$	(e.g. Tow/ Independent )	2) Report Format: <u>TP</u>	
Legal Cost	S\$		3) Survey fee: <u>\$30.00</u>	
<b>Total:</b>	<b>S\$ 5,103.97</b>	<b>Global Sum S\$:</b>		
<b>FINAL PAYMENT</b>	Date/Time:	Confirm with:	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Payee 1:	S\$	Name 1: <u>TRANS-CAB AUTO SERVICES PTE LTD</u>		
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		