

~~CC3/AIG21012432/Kea3~~
~~CC3/AIG21012432/KEA3Q2~~

ASSIGNMENTSurveyor: KENNETHDOI: 07/12/2021Date / Time : 07/12/2021Registered in Merimen: 08/12/2021**Pre-assign / CCU / FTE**Insured Vehicle No. : SJU 5016T

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$ _____ D.O.A : 04/12/2021 23:15Place of Accident : BKE EXIT OF CHOA CHU KANG DR

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**SMP 2821X
 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
	SMP 2821X - X		
	SJU 5016T - NA/INC11010728/j1 ; 05.06.2011	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)	☐ ☐
		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:	S\$ <u>1,693.85</u> (<u>3</u> days) Reduction: <u>82</u> %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: <u>17/10/2022</u> Confirm with <u>MS JASMINE</u>	Email ☒ Call ☐	
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>27</u>	If NO or B 28, Ass. Lia :	
Repair Cost: WITH GST	S\$ <u>1,812.42</u>		
Loss of Rental (LOR):	S\$ <u>196.00</u> (<u>3.5</u> days) <u>@\$56</u>		
Loss of Use (LOU):	S\$ _____ (\$ x _____ days)		
Loss of Income (LOI):	S\$ _____ (\$ x _____ days)		
LOR only ☒ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]			
GIA/LTA Search	S\$ <u>7.45</u>		
Medical:	S\$ _____	1) Claim status: Normal/Reject/Private Settle	
Disbursement:	S\$ _____ (e.g. Tow/ Independent)	2) Report Format: <u>TP</u>	
Legal Cost	S\$ _____	3) Survey fee: <u>\$320.00</u>	
Total:	S\$ <u>2,015.87</u>	Global Sum S\$:	
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email ☒ Call ☐	
Payee 1:	S\$ <u>2,015.87</u> 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: _____		