

ASSIGNMENT

Surveyor: **TAUFIKH** DOI: **01/11/2021** Date / Time : **29/10/2021**
 Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : **SHD 5002X** Claim No. : **S1M03KBR**
 Name of Insured : **TRANS-CAB SERVICES PTE LTD** Policy No. : **VFX/P2413997**
 Insured Tel No. : _____ HP: _____ Make / Model : **Renault LATITUDE 2.0L DCI AUTO D/AB**
Excess Sec II :S\$ _____ D.O.A : **19/10/2021 08:15** Place of Accident : **ALONG WOODLANDS AVE 2 BEFORE WOODLANDS AVE 5**
 Is driver the owner? (YES / NO) Nature of Accident : _____

If NO, Driver Name / Age : **LIM SWEE TIEN** OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
 Driver Tel No. : _____ (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

FBB 8922C



INSRS:
WSP: **AHM**
Tel : **PERFORMANCE**
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SHD 5002X - CC3/AIG20002994/Kba3q2; 16/02/2020	Non-Reporting ltr (1st):	
	CC4/ASM18018888/Npa3q2; 14/10/2018	Non-Reporting ltr (2nd):	
	CS3/ASM21011082/T1ty3e2; 19/10/2021	Non-Reporting ltr (Final):	
	FBB 8922C - CS3/ASM21011082/T1ty3e2 ; 19.10.2021	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"/>
		After call ltr to OI:	<input type="checkbox"/>
		Authorisation To Act:	<input type="checkbox"/>
		Release Voucher:	<input type="checkbox"/>
		Final Repair Bill:	<input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/>
		Towing Invoice	<input type="checkbox"/>
		LTA / GIA :	<input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/>
		PIR:	<input type="checkbox"/>
		Mandate/Reject Instruction:	<input type="checkbox"/>
		LOD	<input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/>
PRELIMINARY ADVICE Date/Time:	Sent By:	Post-Repair Photos:	<input type="checkbox"/>
		Others:	<input type="checkbox"/>
FINALIZATION Date/Time:	Confirm with:	Confirm by:	
Repair Cost: S\$	(days) Reduction: %	Email <input type="checkbox"/>	Call <input type="checkbox"/>
FINAL SETTLEMENT Date/Time:	Confirm with	Email <input type="checkbox"/>	Call <input type="checkbox"/>
Final Liability: %	(Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :	
Repair Cost: S\$			
Loss of Rental (LOR): S\$	(days)		
Loss of Use (LOU): S\$	(\$ x days)		
Loss of Income (LOI): S\$	(\$ x days)		
LOR only <input type="checkbox"/>	LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/>	LOR + LOI <input type="checkbox"/>
			[Tick only one]
GIA/LTA Search	S\$		
Medical:	S\$	1) Claim status: Normal/Reject/Private Settle	
Disbursement:	S\$ (e.g. Tow/ Independent)	2) Report Format:	
Legal Cost	S\$	3) Survey fee:	
Total:	S\$	Global Sum S\$:	
FINAL PAYMENT Date/Time:	Confirm with:	Email <input type="checkbox"/>	Call <input type="checkbox"/>
Payee 1:	S\$	Name 1:	
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	