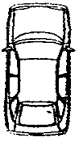


INS. CASE OWNER:

**ASSIGNMENT**

Surveyor: KENNETH DOI: 17/01/2022 Date / Time : 14.01.2022  
 Registered in Merimen: 14.01.2022

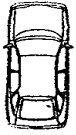
**Pre-assign / CCU / FTE**



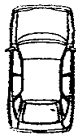
Insured Vehicle No. : SLC 97M Claim No. : MPC2022D0000492  
 Name of Insured : \_\_\_\_\_ Policy No. : D21MPC0003593  
 Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_ Make / Model : \_\_\_\_\_  
 Excess Sec II :S\$ \_\_\_\_\_ D.O.A : 13/01/2022 13:30 Place of Accident : \_\_\_\_\_  
 Is driver the owner? ( 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**

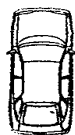
SHF 741T



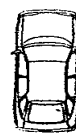
INSRS:  
WSP: TRANS-CAB  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time		STAGE	DATE / PIC
	<u>SHF 741T - CC3/AIG17008041/Kza3q2 ; 19.04.2017</u>	Non-Reporting ltr (1st):	
	<u>SLC 97M - X</u>	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	
		<b>Documentation Check List: Handler 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:		Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
	Sent By:	Others:	<input type="checkbox"/> <input type="checkbox"/>
<b>FINALIZATION</b> Date/Time:		Confirm with:	Confirm by: <u>KSC</u>
Repair Cost:	<u>L/S S\$ 3,900.00</u> ( <u>3</u> days) Reduction: <u>82</u> %	Email	<input type="checkbox"/> Call <input type="checkbox"/>
<b>FINAL SETTLEMENT</b> Date/Time:	<u>27.05.22</u> Confirm with <u>WAIYIN</u>	Email	<input type="checkbox"/> Call <input type="checkbox"/>
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>27</u>	If NO or B 28, Ass. Lia :	
Repair Cost:	<u>w/GST S\$ 4,173.00</u>	<u>OI REAR ENDED TP</u>	
Loss of Rental (LOR):	S\$ <u>569.24</u> ( <u>7</u> days) x \$81.32		
Loss of Use (LOU):	S\$ <u>-</u> (\$ <u>-</u> x <u>-</u> days)		
Loss of Income (LOI):	S\$ <u>280.00</u> (\$ <u>40</u> x <u>7</u> 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\$ <u>7.45</u>		
Medical:	S\$ <u>-</u>	1) Claim status: Normal/ <del>Reject/Private Settle</del>	
Disbursement:	S\$ <u>-</u> (e.g. Tow/ Independent )	2) Report Format: <u>TP</u>	
Legal Cost	S\$ <u>-</u>	3) Survey fee: <u>\$600</u>	
<b>Total:</b>	<b>S\$ 5,029.69</b>	<b>Global Sum S\$: 5,020.00</b>	
<b>FINAL PAYMENT</b> Date/Time:	<u>27.05.22</u> Confirm with: <u>WAIYIN</u>	Email	<input type="checkbox"/> Call <input type="checkbox"/>
Payee 1:	S\$ <u>5,020.00</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:		