

ASSIGNMENT

Surveyor: KENNETH DOI: 11/02/2022 Date / Time : 11/02/2022
 Registered in Merimen: 11/02/2022

Pre-assign / CCU / FTE



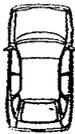
Insured Vehicle No. : SLJ 9788G Claim No. : _____
 Name of Insured : _____ Policy No. : _____
 Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II :S\$ _____ D.O.A : 10/02/2022 14:00 Place of Accident : _____
 Is driver the owner? (YES / NO) Nature of Accident : _____

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**

SHD 252Z



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
	SHD 252Z - CC3/AIG14016827/Kua3q2 ; 01.09.2014	Non-Reporting ltr (1st):	
	SLJ 9788G - X	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)	<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:		Post-Repair Photos:	<input type="checkbox"/>
	Sent By:	Others:	<input type="checkbox"/>
FINALIZATION Date/Time:		Confirm with:	Confirm by:
Repair Cost: L/SUM S\$ 7,300.00	(4 days) Reduction: 66 %	Email <input type="checkbox"/>	Call <input type="checkbox"/>
FINAL SETTLEMENT Date/Time:	17/10/2022 Confirm with MS JASMINE	Email <input checked="" type="checkbox"/>	Call <input type="checkbox"/>
Final Liability: % 100	(Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :	
Repair Cost: WITH GST S\$ 7,811.00			
Loss of Rental (LOR): S\$ 486.78	(6 days) @\$81.13		
Loss of Use (LOU): S\$ _____	(\$ _____ x _____ days)		
Loss of Income (LOI): S\$ 300.00	(\$ 50 x 6 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\$ _____		
Medical:	S\$ _____	1) Claim status: Normal/Reject/Private Settle	
Disbursement:	S\$ _____ (e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost	S\$ _____	3) Survey fee: \$320.00	
Total:	S\$8,605.23	Global Sum S\$: 8,600.00	
FINAL PAYMENT Date/Time:		Confirm with:	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Payee 1:	S\$ 8,600.00	Name 1:	TRANS-CAB AUTO SERVICES PTE LTD
Payee 2: (Strike if N.A.)	S\$ _____	Name 2:	
Payee 3: (Strike if N.A.)	S\$ _____	Name 3:	