

ASSIGNMENT

Surveyor: KENNETH DOI: 17/3/22 Date / Time : 17/3/22
 Registered in Merimen: 20/3/22

Pre-assign / CCU / FTE

Insured Vehicle No. : SLG 3272H Claim No. : _____
 Name of Insured : _____ Policy No. : _____
 Insured Tel No. : _____ HP: _____ Make / Model : _____
 Excess Sec II : \$ _____ D.O.A : 16/3/22 13:00 Place of Accident : _____
 Is driver the owner? (YES / NO) Nature of Accident : _____

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No****SHD 5247G**

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



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SHD 5247G - CC3/AXA16007332/Fha3s2 ; 15/04/2016	Non-Reporting ltr (1st):	
	CS/FCI11011444/Ubn; 05/06/2011	Non-Reporting ltr (2nd):	
	CS/TP12005838/Kvn; 11/11/2011	Non-Reporting ltr (Final):	
	NA/INC11010771/w1; 05/06/2011	Notification ltr (if non-pickup):	
	SLG 3272H - X	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:	☐ ☐
		Post-Repair Photos:	☐ ☐
		Others:	☐ ☐
PRELIMINARY ADVICE	Date/Time:	Sent By:	
FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: L/sum	S\$ 1,700.00 (2.5 days) Reduction: 87 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 13/09/2022 Confirm with Wai Yin	Email ☒ Call ☐	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :	
Repair Cost: w/GST	S\$ 1,819.00		
Loss of Rental (LOR):	S\$ 280.88 (2.5 days) x\$ 112.35		
Loss of Use (LOU):	S\$ (\$ x days)		
Loss of Income (LOI):	S\$ 125.00 (\$ 50 x 2.5 days)		
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☒ [Tick only one]			
GIA/LTA Search	S\$ 7.45		
Medical:	S\$		
Disbursement:	S\$ (e.g. Tow/ Independent)	1) Claim status: Normal Reject/Private Settle	
Legal Cost	S\$	2) Report Format: TP	
		3) Survey fee: \$320.00	
Total:	S\$ 2,232.33	Global Sum S\$: 2,230.00	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☒ Call ☐
Payee 1:	S\$ 2,230.00	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:	