

ASSIGNMENTSurveyor: **KENNETH**DOI: **30/03/2022**Date / Time : **30/03/2022**Registered in Merimen: **31/03/2022****Pre-assign / CCU / FTE**Insured Vehicle No. : **SMJ 7093D**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **28.03.2022 18:10**

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 9225T**INSRS:
WSP: **TRANS CAB**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time					
	SHD 9225T - CC3/AIG14016985/Kka3w2 ; 02/09/2014	STAGE	DATE / PIC		
	CC3/FCI13009983/Ky1k3 ; 07/04/2013	Non-Reporting ltr (1st):			
	CC3/III15008004/Kza3n2 ; 09/05/2015	Non-Reporting ltr (2nd):			
	NA/INC13001582/s2 ; 23/01/2013	Non-Reporting ltr (Final):			
	SMJ 7093D - X	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: P/P	S\$ 2,336.52 (2.5 days) Reduction: 83 %		Email ☒ Call ☐		
FINAL SETTLEMENT	Date/Time: 27/07/2022 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\$ 2,500.08				
Loss of Rental (LOR):	S\$ 385.20 (4 days) x S\$ 96.30				
Loss of Use (LOU):	S\$ (\$ x days)				
Loss of Income (LOI):	S\$ 200.00 (\$ 50 x 4 days)				
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☒ [Tick only one]					
GIA/LTA Search	S\$ 7.45				
Medical:	S\$		1) Claim status: Normal/Reject Private Sec'd		
Disbursement:	S\$ (e.g. Tow/ Independent)		2) Report Format: TP		
Legal Cost	S\$		3) Survey fee: \$320.00		
Total:	S\$ 3,092.73	Global Sum S\$: 3,050.00			
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☒ Call ☐		
Payee 1:	S\$ 3,050.00	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:			