

ASSIGNMENTSurveyor: **KENNETH**DOI: **13.06.2022**Date / Time : **10.06.2022**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **XE 952S**Claim No. : **21/22/22/VC06/025426**

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$ _____ D.O.A : **29/01/2022 10:50**

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****SHC 5295Y**INSRS:
WSP: **TRANS-
CAB
AUTO**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date	Created By	DATE / PIC
SHC 5295Y -	CC3/FC112024945/Kvn 07/01/2013 SHC 5285B SHC 5295Y 15/12/2012 04/01/2013 CML	Non-Reporting ltr (1st):	
XE 952S -	CS/LPC21008/177ET362 20/12/2021 XE 952S 08/08/2021 20/12/2021 LST1	Non-Reporting ltr (2nd):	
	CS3/LPC21012354/Vty3e2 15/12/2021 SKF 821K XE 952S 30/11/2021 17/12/2021 LST1	Non-Reporting ltr (Final):	
	CS3/LPC21012354/Vty3 1 05/04/2022 SKF 821K XE 952S 30/11/2021 SML	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\$ 2,788.95 (4 days) Reduction: 75 %	Email ☒ Call ☐	
FINAL SETTLEMENT	Date/Time: 26/08/2022 Confirm with Wai Yin	Email ☒ Call ☐	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 15	If NO or B 28, Ass. Lia :	
Repair Cost: w/GST	S\$ 2,984.18		
Loss of Rental (LOR):	S\$ 337.05 (3 days) x \$112.35		
Loss of Use (LOU):	S\$ _____ (\$ _____ x _____ days)		
Loss of Income (LOI):	S\$ 150.00 (\$ 50 x 3 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/Dispute/Settle	
Disbursement:	S\$ _____ (e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost	S\$ _____	3) Survey fee: \$400.00	
Total:	S\$ 3,478.68 Global Sum S\$: 3,470.00		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email ☒ Call ☐	
Payee 1:	S\$ 3,470.00 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: _____		