

ASSIGNMENTSurveyor: **KENNETH**DOI: **21/06/2022**Date / Time : **21/06/2022**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **SNC 1466B**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ **D.O.A : 17.06.2022 22:48**

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 5377P**INSRS: **TRANS-CAB**
WSP:
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
SHD 5377P - X	CC3/AIG19014539/Kdb3q2 31/12/2019 SHD 5377P SJK 353E 14/08/2019 02/01/2020 LSP	Non-Reporting ltr (1st):	
	CC3/CTI21007991/Krs3q2 09/12/2021 SHD 5377P SFS 301K 10/07/2021 09/12/2021 LSP	Non-Reporting ltr (2nd):	
	NA/INC15005623/Y 04/04/2015 LIAN KANG SAN GW 4668T SHD 5377P 02/04/2015 08/04/2015	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)	☐
		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\$ 1,750.00 (2 days) Reduction: 88 %	Email ☒ Call ☐	
FINAL SETTLEMENT	Date/Time: 06/12/2022 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\$ 1,872.50		
Loss of Rental (LOR):	S\$ 288.90 (3 days) x\$96.30		
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/Private Settle	
Disbursement:	S\$ _____ (e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost	S\$ _____	3) Survey fee: \$400.00	
Total:	S\$ 2,318.85 Global Sum S\$:		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____ Email ☒ Call ☐		
Payee 1:	S\$ 2,318.85 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: _____		