

INS. CASE OWNER:

ASSIGNMENTSurveyor: **KENNETH**DOI: **13/07/2022**Date / Time : **13/07/2022**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **GBC 5878L**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **12/07/2022 08:30**

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 9516D**INSRS:
WSP: **TRANS-CAB**
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 9516D -	CC3/AIG18015731/Kha3q2 01/07/2019 SHD 9516D SLX 7387U 27/08/2018 01/07/2019 HMK	Non-Reporting ltr (1st):	
	CC4/AXA18002914/Khb3q2 19/03/2019 SDV 618E SHD 9516D 05/02/2018 20/03/2019 LSP	Non-Reporting ltr (2nd):	
	CS/ASM22004339/Lgy3m4 03/06/2022 SLT 9956K SHD 9516D 07/05/2022 06/06/2022 NRP	Non-Reporting ltr (Final):	
GBC 5878L - X	CS1/LAW21010036/Guce2 07/12/2021 XE 3025Z SHD 9516D 18/08/2019 07/12/2021 NRP	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: L/SUM	S\$ 4,100.00 (4 days) Reduction: 78 %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 04/07/2023 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: 7%GST	S\$ 4,387.00		
Loss of Rental (LOR):	S\$ 481.50 (5 days) X \$96.30		
Loss of Use (LOU):	S\$ (\$ 5 x 50 days)		
Loss of Income (LOI):	S\$ 250.00 (\$ 5 x 50 days)		
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOU ☒	[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\$ 5,125.95	Global Sum S\$:	
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email ☐ Call ☐	
Payee 1:	S\$ 5,125.95	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:	