

ASSIGNMENTSurveyor: **KENNETH**DOI: **10/08/2022**Date / Time : **10/08/2022**Registered in Merimen: **11/08/2022****Pre-assign / CCU / FTE**Insured Vehicle No. : **SNE 7738S**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$ _____ D.O.A : **06/08/2022 11:39**

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 202T**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	Stage	Reported By	DATE / PIC
SHD 202T -	CC3/FC115004059/Kyy3k3 10/03/2015 SHD 202T SHA 2417T 17/10/2014 11/03/2015 KYS	Non-Reporting ltr (1st):		
	CC3/FC120061686/Kba3q2 05/03/2021 SHD 202T SHD 4866B 25/01/2020 12/03/2021 HMK	Non-Reporting ltr (2nd):		
	CC3/LCR18002570/Kja3q2 26/02/2019 SHD 202T SLJ 1348X 05/02/2018 28/02/2019 HMK	Non-Reporting ltr (Final):		
SNE 7738S - X	CC3/TMI20011552/Kqf3q2 12/11/2020 SHD 202T GBG 3822P 19/10/2020 13/11/2020 LSN	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\$ 2,650.00 (4 days) Reduction: 82 %	Email ☐	Call ☐	
FINAL SETTLEMENT	Date/Time: 26/06/2023 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: with GST	S\$ 2,835.50			
Loss of Rental (LOR):	S\$ 405.65 (5 days) @\$81.13			
Loss of Use (LOU):	S\$ (\$ x days)			
Loss of Income (LOI):	S\$ 250.00 (\$ 50 x 5 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: \$320		
Total:	S\$ 3,498.60 Global Sum S\$:			
FINAL PAYMENT	Date/Time: _____ Confirm with: _____ Email ☒ Call ☐			
Payee 1:	S\$ 3,498.60 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:			