

ASSIGNMENT

Surveyor:

KENNETHDOI: **25/08/2022**Date / Time : **25/08/2022**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **YN 9444Z**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$S\$ _____ D.O.A : **24.08.2022 08:10**

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****SHB 9926P**INSRS:
WSP: **TRANS-CAB**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
SHB 9926P - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By		
CC3/CTI18019918/Kpa3n2 02/12/2019 SHB 9926P GBE 6633J 30/10/2018 03/12/2019 HMK	Non-Reporting ltr (1st):	
CC3/FCI15000839/K1gbk3 20/01/2015 SHB 9926P YL 9952J 13/01/2015 21/01/2015 CKL	Non-Reporting ltr (2nd):	
CC3/III19022210/Kpa3q2 20/02/2020 SHB 9926P SHD 4424T 11/12/2019 20/02/2020 HMK	Non-Reporting ltr (Final):	
CC3/TIV121007377/Kqcn2 12/07/2021 SHB 9926P GBH 9677Y 30/06/2021 12/07/2021 FWL	Notification ltr (if non-pickup):	
CC4/ASM18009405/Kps3q2 02/12/2020 SHB 9926P SKC 9636K 21/05/2018 03/12/2020 LSP	Call OI:	
CS3/AXA18001787/Grbs2 27/03/2018 SLC 1994S SHB 9926P 25/01/2018 28/03/2018 NVT	After call TP to OI:	
CS3/AXA18001787/Grbs2-1 18/10/2018 SLC 1994S SHB 9926P 25/01/2018 22/10/2018 CKL	Documentation Check List: Handler Typist	
NA/DAL18001650/r3 26/01/2018 LAU KOK SENG SLC 1994S SHB 9926P 25/01/2018 02/02/2018 RBW	Notification ltr (if non-pickup)	
NA/INC20000557/r3 08/01/2020 LIM BOON IAN,RAYMOND(LIN WENXIAN,RAYMOND) SLH 695K SHB 9926P 25/01/2018 17/01/2020 RBW	After call ltr to OI:	
YN 9444Z - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By	Authorisation To Act:	
CC3/QBE20006341/T1es3q2 23/09/2020 SHC 8576S YN 9444Z 14/06/2020 24/09/2020 LSL1	Release Voucher:	
CS/QBE18002689/Jrd3n2 24/04/2018 YN 9444Z 05/02/2018 24/04/2018 NVT	Final Repair Bill:	
NA/CTI21004318/n 06/04/2021 ZULKEFLI BIN ABBAS YN 9444Z GBK 3696R 05/04/2021 15/04/2021 LSF	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: Part by Part S\$ 7,616.38 (4 days) Reduction: 41 % Email ☐ Call ☐		
FINAL SETTLEMENT Date/Time: 14.02.2023 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\$ 8,149.53		
Loss of Rental (LOR): S\$ 481.50 (5 days) @\$96.30		
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/Printed/Settle	
Disbursement: S\$ (e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost S\$	3) Survey fee: \$400	
Total: S\$ 8,888.48 Global Sum S\$:		
FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email ☒ Call ☐		
Payee 1: S\$ 8,888.48 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: _____		