

INS. CASE OWNER:

ASSIGNMENT

Surveyor:

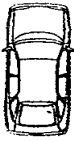
STEVE

DOI: 14/04/2020

Date / Time : 14/04/2020

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SHD 5242U

Claim No. : S0M02LYA

Name of Insured : TRANS-CAB SERVICES PTE LTD

Policy No. : P2348706

Insured Tel No. : _____ HP: _____

Make / Model : TOYOTA PRIUS 1.8

Excess Sec II :\$ 5,000.00 D.O.A : 09/04/2020 16:25

Place of Accident : LAVENDER STREET

Is driver the owner? (YES / NO) Nature of Accident : _____

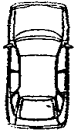
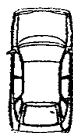
If NO, Driver Name / Age : CHEW SOON KHENG

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : +65-97272129 (V/L: YES / NO)

Insured Liability : % Final ? Yes / No

GBA 1881M

INSRS:
WSP: MY CAR
Tel : CONSULTANT
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	GBA 1881M - NA/INC20005135/z4; 09/04/2020	STAGE DATE / PIC
	- NS/INC17008400/H1vbn2 ; 26/04/2017	Non-Reporting ltr (1st):
	SHD 5242U - CC3/FCI15013691/Ktbc2; 09/08/2015	Non-Reporting ltr (2nd):
	- NA/INC20005135/z4 ; 09/04/2020	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: ☐ ☐
PRELIMINARY ADVICE Date/Time:	Sent By:	Post-Repair Photos: ☐ ☐
		Others: ☐ ☐
FINALIZATION Date/Time:	Confirm with:	Confirm by:
Repair Cost: S\$ (days) Reduction: %		Email ☐ Call ☐
FINAL SETTLEMENT Date/Time:	Confirm with	Email ☐ Call ☐
Final Liability: % (Agreed / Assessed) BOLA S/N No. :		If NO or B 28, Ass. Lia :
Repair Cost: S\$		
Loss of Rental (LOR): S\$ (days)		
Loss of Use (LOU): S\$ (\$ x days)		
Loss of Income (LOI): S\$ (\$ x days)		
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]		
GIA/LTA Search S\$		
Medical: S\$		1) Claim status: Normal/Reject/Private Settle
Disbursement: S\$ (e.g. Tow/ Independent)		2) Report Format:
Legal Cost S\$		3) Survey fee:
Total: S\$	Global Sum S\$:	
FINAL PAYMENT Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1: S\$	Name 1:	
Payee 2: (Strike if N.A.) S\$	Name 2:	
Payee 3: (Strike if N.A.) S\$	Name 3:	