15/5/2010

INS. CASE OWNER: TAN Jas 6568804844

CC4/ASM20005206/Eha3

LKK:

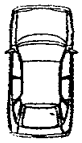
IDAC: 167873

ASSIGNMENT

Surveyor: STEVE DOI: 14/04/2020 Date / Time : 14/04/2020

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SHD 5242U

Name of Insured : TRANS-CAB SERVICES PTE LTD

Insured Tel No. : HP:

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

Is driver the owner? (YES / NO)

If **NO**, Driver Name / Age : CHEW SOON KHENG

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

Claim No. : S0M02LYA

Policy No. : P2348706

Make / Model : TOYOTA PRIUS 1.8

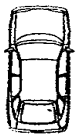
Place of Accident : LAVENDER STREET

Nature of Accident :

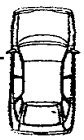
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No**

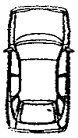
GBA 1881M → → →



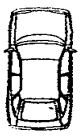
INSRS:
WSP: MY CAR CONSULTANT
Tel : CONSULTANT
Liability :
RMKS:



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
	- NS/INC17008400/H1vbn2 ; 26/04/2017
	SHD 5242U - CC3/FCI15013691/Ktbc2; 09/08/2015
	- NA/INC20005135/z4 ; 09/04/2020

STAGE	**DATE / PIC**
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
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:	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$			REJECT TP CLAIM	
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:	$250.00
Total:	**S$**		**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:		