15/5/2010

INS. CASE OWNER: LOH Cynthia 6568804843

CC4/ASM20005279/Eha3

LKK:

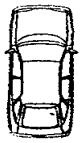
IDAC: 167972

ASSIGNMENT

Surveyor: STEVE DOI: 20/04/2020 Date / Time : 17/04/2020

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 5671U Claim No. : S0M02MEZ

Name of Insured : TRANS-CAB SERVICES PTE LTD Policy No. : P2348706

Insured Tel No. : HP: Make / Model : RENAULT LATITUDE-2.0 D DCI (A)

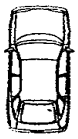
Excess Sec II :S$ 5,000.00 D.O.A : 15/04/2020 16:55 Place of Accident : NORTH BOUNA VISTA ROAD TOWARDS ~~PORTSDOWN ROAD~~

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

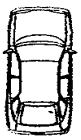
If **NO**, Driver Name / Age : TAN BOON WAH OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : +65-96207225 (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

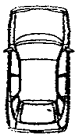
SLQ 2732B → → →



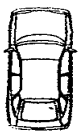
INSRS:
WSP: MY CAR
Tel : CONSULTANT
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SLQ 2732B - NA/FWD20005246/F 15/04/2020	
	SHC 5671U - CC3/AIG10013860/Dn1f2r1 08/07/2010	

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$		
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:	