15/5/2010

INS. CASE OWNER: CHAN Kian Chuan 68805444

CC4/ASM20005354/Aga3

LKK:

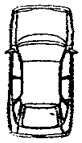
IDAC: 168303

ASSIGNMENT

Surveyor: ADRIAN DOI: 23/04/2020 Date / Time : 22/04/2020

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SHF 589S Claim No. : S0M02MTX

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

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

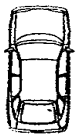
Excess Sec II :S$ D.O.A : 20/04/2020 13:50 Place of Accident : DEFU LANE 1 X DEFU AVENUE 2

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

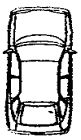
If **NO**, Driver Name / Age : MUN SIEW SUAN OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : +65-92413119 (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

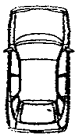
GBA 7618T → → →



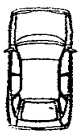
INSRS:
WSP: J-MART
Tel : MOTOR
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	GBA 7618T - NA/LPC20005318/z4; 20/04/2020	**STAGE** **DATE / PIC**
	SHF 589S - CC3/AIG18021049/Kdb3q2 ; 19/11/18	Non-Reporting ltr (1st):
	CC3/CTI18022592/Kdb3q2 ; 13/12/18	Non-Reporting ltr (2nd):
	NA/CTI18022821/k4; 20/12/18	Non-Reporting ltr (Final):
	NA/LPC20005318/z4 ; 20/04/2020	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:	