15/5/2010

INS. CASE OWNER: KHONG Lynn 68804892

CC4/ASM20005515/Eba3

LKK:

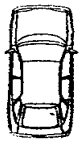
IDAC: 168649

ASSIGNMENT

Surveyor: STEVE DOI: 04/05/2020 Date / Time : 30/04/2020

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SHD 9220G Claim No. : S0M02NC5

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

Insured Tel No. : HP: Make / Model : TOYOTA PRIUS-1.8 (A)

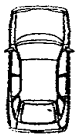
Excess Sec II :S$ 5,000.00 D.O.A : 21/04/2020 13:30 Place of Accident : BLK 468 UPPER SERANGOON ROAD

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

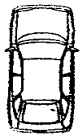
If **NO**, Driver Name / Age : TAY TONG SIEW OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : +65-98535077 (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

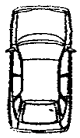
SKU 9402Z → → →



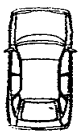
INSRS:
WSP: AUBURN AUTO
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SKU 9402Z - X	**STAGE** **DATE / PIC**
	SHD 9220G - CC3/AIG20001369/Kha3 ; 16/01/2020	Non-Reporting ltr (1st):
	- NBA/AIG19009138/Y ; 23/05/2019	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:
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:	