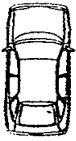


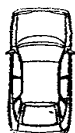
ASSIGNMENTSurveyor: BRYANDOI: 05/06/2020Date / Time : 05/06/2020

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : SHC 5143CClaim No. : S0M020U3Name of Insured : TRANS-CAB SERVICES PTE LTD

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : RENAULT LATITUDE-2.0 L (A)Excess Sec II :S\$ _____ D.O.A : 03/06/2020Place of Accident : BEDOK NORTH AVENUE 4
TWDS BEDOK NORTH ROADIs driver the owner? (YES / ☒ NO) Nature of Accident : _____If NO, Driver Name / Age : NOOR AZIDIN BIN MOHAMED AMINOI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NODriver Tel No. : 96430187(V/L: ☒ YES / NO)Insured Liability : _____ % **Final ? Yes / No**FX 8629LINSRS:
WSP: S9 MOTOR
Tel : TRADING
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	FX 8629L - NA/MSG20006150/h4 ; 03/06/2020	Non-Reporting ltr (1st):	
	NA/MSG20001885/h4 ; 30/01/2020	Non-Reporting ltr (2nd):	
	SHC 5143C - X	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: _____		