15/5/2010 KHOR Saw Theng INS. CASE OWNER: 6568804754

S\$

S\$

S\$

Name 1:

Name 2:

Name 3:

Payee 1:

Payee 2: (Strike if N.A.)

Payee 3: (Strike if N.A.)

CC4/ASM20006408/Apa3

LKK: IDAC:

171734

ASSIGNMENT			
Surveyor:	ADRIAN DOI: <u>18/0</u>	06/2020	Date / Time: 18/06/2020
·			Registered in Merimen:
Pre-assign / CCU	J /FTE		
Insured Vehicle N	_{Io} SHC 5800P	Claim No.	S0M02PH9
Name of Insured	TRANS-CAB SERVICES PTE LTI		P2348706
	·	1011011101	
Insured Tel No.	: HP: 5,000.00 D.O.A: 17/06/2020	Make / Model	VOLUME AVENUE ON VIOLUM AVENUE
Excess Sec II :S\$		Place of Accid	dent: 13111011 AVENUE 9 X 11311011 AVENUE
Is driver the owne	er? (YES / NO) Nature of Accident:		
	me / Age : LIM KUAN CHONG		DRT: E3 / NO ; TP GIA REPORT: E3 / NO
Driver Tel	No.: +65-97594452 (V/L: ES / NO) Insured Liabili	lity: % Final? Yes/No
SKZ 450S	<i></i>		
INSRS: WSP: SM AUTO Tel: Liability: RMKS:	OMOTIVE WSP: Tel: Liability: RMKS:	INSRS: WSP: Tel: Liability: RMKS:	INSRS: WSP: Tel: Liability: RMKS:
Date/ Time			
	SKZ 450S - X	2-2 : 20/07/2017	STAGE DATE / PIC
	SHC 5800P - CC3/AXA17014324/Kwb: NJA/INC09018692/j1; 22	382 ; 20/07/2017 1/08/2009	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:
PRELIMINARY ADVICE	E 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 N	o. :	If NO or B 28, Ass. Lia:
Repair Cost:	S\$		
Loss of Rental (LOR):	S\$ (days)		
Loss of Use (LOU): Loss of Income (LOI):	S\$ (\$ x days) S\$ (\$ x days)		+
LOR only LOU only		only one	+
GIA/LTA Search		· vary vary	
Medical:	S\$		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S\$ (e.g. Tow/ Ind	dependent)	2) Report Format:
Legal Cost	S\$		3) Survey fee:
Total:	S\$ Global Sum S\$:		
FINAL PAYMENT	Date/Time: Confirm with:		Email Call