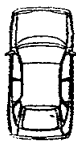


INS. CASE OWNER:

**ASSIGNMENT**Surveyor: **MR. LIM**DOI: **17/08/2020**Date / Time : **17/08/2020**Registered in Merimen: **---****Pre-assign / CCU / FTE**Insured Vehicle No. : **SHD 149P**Claim No. : **S0M02S90**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 : **14/08/2020 15:20**Place of Accident : **ADAM ROAD VIADUCT TOWARDS BKE**Is driver the owner? ( YES / NO ) Nature of Accident : **---**If **NO**, Driver Name / Age :

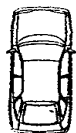
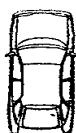
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

(V/L: YES / NO )

Insured Liability :

%

**Final ? Yes / No****SMA 4968T**INSRS:  
WSP: **TEAM AUTOPRO**  
Tel : **PTE LTD**  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time	SHD149P - X	SMA4968Y - X	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:	
			<b>Documentation Check List:</b>	<b>Handler</b> <b>Typist</b>
			Notification ltr (if non-pickup)	<input checked="" type="checkbox"/> <input type="checkbox"/>
			After call ltr to OI:	<input checked="" type="checkbox"/> <input type="checkbox"/>
			Authorisation To Act:	<input checked="" type="checkbox"/> <input type="checkbox"/>
			Release Voucher:	<input checked="" type="checkbox"/> <input type="checkbox"/>
			Final Repair Bill:	<input checked="" type="checkbox"/> <input type="checkbox"/>
			Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
			Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
			<b>LTA / GIA :</b>	<input checked="" type="checkbox"/> <input type="checkbox"/>
			Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
			PIR:	<input type="checkbox"/> <input type="checkbox"/>
			Mandate/Reject Instruction:	<input checked="" type="checkbox"/> <input type="checkbox"/>
			LOD	<input checked="" type="checkbox"/> <input type="checkbox"/>
			Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
			Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
			Others:	<input type="checkbox"/> <input type="checkbox"/>
<b>27/11/2020</b>	<b>SETTLED AND CLOSED / NO PHY FILE</b>			
<b>PRELIMINARY ADVICE</b>	Date/Time:	Sent By:		
<b>FINALIZATION</b>	Date/Time:	Confirm with:	Confirm by:	
Repair Cost: <b>L/S</b>	S\$ <b>3,400.00</b> ( <b>5</b> days) Reduction: <b>58.05</b> %		Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
<b>FINAL SETTLEMENT</b>	Date/Time: <b>23/11/2020</b> Confirm with <b>ADEL</b>		Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Final Liability:	% <b>100</b> (Agreed / Assessed) BOLA S/N No. : <b>27</b>		If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ <b>3,400.00</b>			
Loss of Rental (LOR):	S\$ ( days)		<b>OID rear-ended TP</b>	
Loss of Use (LOU):	S\$ <b>600.00</b> (\$ <b>100</b> x <b>6</b> days)			
Loss of Income (LOI):	S\$ (\$ x days)			
LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]				
GIA/LTA Search	S\$ <b>36.45</b>			
Medical:	S\$		1) Claim status: Normal/Reject/Private Settle	
Disbursement:	S\$ (e.g. Tow/ Independent )		2) Report Format:	<b>TP</b>
Legal Cost	S\$		3) Survey fee:	<b>350.00</b>
<b>Total:</b>	S\$ <b>4,036.45</b>	<b>Global Sum S\$: 4,000.00</b>		
<b>FINAL PAYMENT</b>	Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>	
Payee 1:	S\$ <b>4,000.00</b>	Name 1:	<b>TEAM AUTOPRO PTE LTD</b>	
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		