15/5/2010

INS. CASE OWNER: TEO Kitty 6568804602

CS3/ASM20014094/Ba3

LKK:

IDAC: 191185

ASSIGNMENT

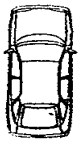
Surveyor: MR .LIM

DOI: 17/12/2020

Date / Time : 15/12/2020

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SHD 233D

Claim No. : S0M02YWB

Name of Insured : TRANS-CAB SERVICES PTE LTD

Policy No. : P2413997

Insured Tel No. : HP:

Make / Model : Renault LATITUDE 2.0L DCI AUTO D/AB

Excess Sec II :S$ D.O.A : 10/12/2020 17:11

Place of Accident : JUNCTION OF SENGKANG WEST WAY AND FERNVALE ROAD

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

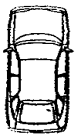
If **NO**, Driver Name / Age : SEE BOON POH

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

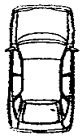
Driver Tel No. : (V/L: YES / NO)

Insured Liability : % **Final ? Yes / No**

SHD 233D → SLD 2782A → SJY1201E →

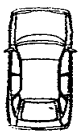


INSRS:
WSP:
Tel :
Liability :
RMKS: OI



INSRS:
WSP: AUTO MEGA MALL PTE. LTD.
Tel :
Liability :
RMKS: TP

INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SLD 2782A - X	Non-Reporting ltr (1st):	
	SHD 233D - NA/INC09026382/c2 ; 22.11.2009	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:		
Post-Repair Photos:		
Others:		

PRELIMINARY ADVICE	Date/Time:	Sent By:	
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: PRS
Legal Cost	S$		3) Survey fee: $100
Total:	**S$**	**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:	