15/5/2010

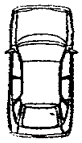
INS. CASE OWNER: CHONG Arnold | CC4/ASM21005056/Bpa3 | LKK: IDAC: 208116

ASSIGNMENT

Surveyor: MR. LIM DOI: Date / Time : 22/04/2021

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SHD 511B Claim No. : S1M038IE

Name of Insured : TRANS-CAB SERVICES PTE LTD Policy No. : P2413997

Insured Tel No. : HP: Make / Model :

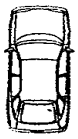
Excess Sec II :S$ 5,000.00 D.O.A : 20/04/2021 14:55 Place of Accident : JUNCTION OF TAMPINES AVE 1 AND AVE 5

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

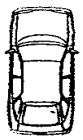
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

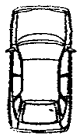
EG 5005H → → →



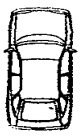
INSRS:
WSP: Team AutoPro
Tel : Pte Ltd
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	EG 5005H - NA/INC14011480/r3 ; 06.06.2014	**STAGE** **DATE / PIC**
	SHD 511B - CC3/AIG18012942/Kjb3s2 ; 12/07/2018	Non-Reporting ltr (1st):
	CC3/AIG19021059/Kba3s2 ; 25/11/2019	Non-Reporting ltr (2nd):
	CC3/TMI20006536/Ktf3n2 ; 19/06/2020	Non-Reporting ltr (Final):
	CS/FCI17014459/Ktbn2 ; 23/07/2017	Notification ltr (if non-pickup):
	CS/SPF20002869/Ktd3e2 ; 05/02/2020	Call OI:
	NA/AIG19020939/z4 ; 25/11/2019	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:	