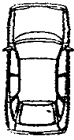


ASSIGNMENTSurveyor: KennethDOI: 07/09/2021Date / Time : 08/09/2021

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : SCZ 2626J

Claim No. : _____

Name of Insured : LIM KHEK CHUAN

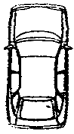
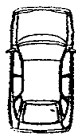
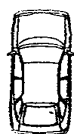
Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 04/09/2021Place of Accident : 508 Bishan Street 13Is driver the owner? (☒ YES / NO) Nature of Accident : _____

If NO, Driver Name / Age : _____

OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NODriver Tel No. : _____ (V/L: ☒ YES / NO)Insured Liability : _____ % **Final ? Yes / No****SHD 5180P**INSRS:
WSP: **TRANS-CAB**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SHD 5180P : NBA/AIG21009407/Y ; DOA : 04/09/2021	STAGE
	SCZ 2626J :	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:
		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: ☐ ☐
	CLAIMANT - TRANS-CAB SERVICES PTE LTD	PIR: ☐ ☐
	TPV: T.PRIUS - 1798cc	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: PP	S\$ 1984.30 (2 days) Reduction: 11777.20 % 86	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: _____ Confirm with WAI YIN	Email ☒ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost:	S\$ 2,123.20 W/GST	
Loss of Rental (LOR):	S\$ 288.90 (3 days) x \$96.30	OI COMING OUT FROM LOT, TP AT MAIN RD
Loss of Use (LOU):	S\$ _____ (\$ x days)	
Loss of Income (LOI):	S\$ 150.00 (\$ 50 x 3 days)	
LOR only ☐ LOU only ☐ LOR + LOU ☒	[Tick only one]	
GIA/LTA Search	S\$ 7.45	
Medical:	S\$ _____	1) Claim status: Normal/Reject/Private Settle
Disbursement:	S\$ _____ (e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S\$ _____	3) Survey fee: \$320.00
Total:	S\$ 2,569.55 Global Sum S\$:	
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email ☒ Call ☐
Payee 1:	S\$ _____ Name 1: TRANS-CAB AUTO SERVICES PTE LTD	
Payee 2: (Strike if N.A.)	S\$ _____ Name 2: _____	
Payee 3: (Strike if N.A.)	S\$ _____ Name 3: _____	