

ASSIGNMENT

Surveyor:

ADRIAN

DOI:

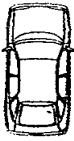
24/12/2021

Date / Time :

24/12/2021

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 5827M

Claim No. :

S1M03P8P

Name of Insured : TRANS-CAB SERVICES PTE LTD

Policy No. :

P2459880

Insured Tel No. : HP: _____

Make / Model :

Renault Latitude

Excess Sec II :S\$

D.O.A : 23/12/2021 16:35

Place of Accident :

27C Hoot Kiam Rd, Singapore 249408

Is driver the owner?

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

WEE DANNIS

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

Driver Tel No. :

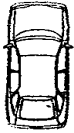
(V/L: YES / NO)

Insured Liability :

%

Final ? Yes / No

SGC 812A



INSRS:

WSP:

Tel :

Liability :

RMKS:

LC
Automotive

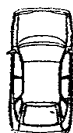
INSRS:

WSP:

Tel :

Liability :

RMKS:



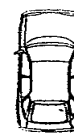
INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time				
	SGC 812A - CC6/AXA13017878/Ary3c3 ; 24/09/2013	STAGE	DATE / PIC	
	NA/UOI21013090/r3 ; 23/12/2021	Non-Reporting ltr (1st):		
	SHC 5827M - CC3/AIG12005761/Kk1a3q2; 20/03/2012	Non-Reporting ltr (2nd):		
	CS/LPC15013654/Kvbn2; 01/08/2015	Non-Reporting ltr (Final):		
	NA/UOI21013090/r3; 23/12/2021	Notification ltr (if non-pickup):		
	NBA/INC13013335/y1; 23/07/2013	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	Date/Time:	Sent By:	Post-Repair Photos:	☐
			Others:	☐
FINALIZATION	Date/Time:	Confirm with:	Confirm by:	LWP
Repair Cost:	L/S S\$ 6,000.00 (5 days) Reduction:	69%	Email ☐	Call ☐
FINAL SETTLEMENT	Date/Time: 10.06.22	Confirm with: CHRIS	Email ☐	Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. :	27	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ 6,000.00	OID REAR ENDED TP		
Loss of Rental (LOR):	S\$ 500.00 (5 days) X \$100			
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\$ 7.45			
Medical:	S\$ -	1) Claim status: Normal/Reject/Private Settlement		
Disbursement:	S\$ - (e.g. Tow/ Independent)	2) Report Format: TP		
Legal Cost	S\$ -	3) Survey fee: \$350		
Total:	S\$ 6,507.45	Global Sum S\$:		
FINAL PAYMENT	Date/Time: 10.06.22	Confirm with: CHRIS	Email ☐	Call ☐
Payee 1:	S\$ 6,507.45	Name 1:	LC AUTOMOTIVE	
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		