15/5/2010

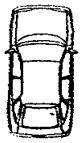
INS. CASE OWNER: ANG Yvonne | CC4/ASM22007518/Uea3 | LKK: IDAC: 275684

ASSIGNMENT

Surveyor: MARCUS DOI: Date / Time : 08/08/2022

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 5186D Claim No. : S2M048AL

Name of Insured : TRANS-CAB SERVICES PTE LTD Policy No. : P2459880

Insured Tel No. : HP: Make / Model :

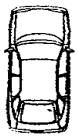
Excess Sec II :S$ D.O.A : 05/08/2022 18:45 Place of Accident : BRAS BASAH ROAD TOWARDS NICOLL HIGHWAY.

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

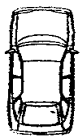
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

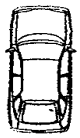
SLA 1120H → → →



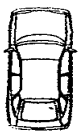
INSRS:
WSP: FASTECH
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
SLA 1120H -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By NA/INC19018215/z4 16/10/2019 TANG KIM FOO SJY 8877J SLA 1120H 16/10/2019 18/10/2019 HZT NA/QBE19018308/h4 16/10/2019 KHOO KAY JOO SLA 1120H SJY 8877J 16/10/2019 21/10/2019 LSH	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
SHC 5186D -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By CC3/AXA13013332/Kv1y3c3 21/04/2014 SHC 5186D SCW 9811K 22/07/2013 22/04/2014 KYS CC4/LPC21005335/Kps3q2 14/07/2021 SHC 5186D SLE 3877Z 27/04/2021 19/07/2021 LSL1	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:	☐
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:	