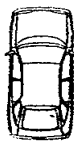


INS. CASE OWNER:

ASSIGNMENTSurveyor: **ADRIAN**DOI: **16/08/2022**Date / Time : **16/08/2022**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **SHD 261Y**Claim No. : **S2M048XX**Name of Insured : **TRANS-CAB SERVICES PTE LTD**Policy No. : **P2459880**

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$D.O.A : **12/08/2022 07:00**Place of Accident : **Near 41 Pioneer Sector 2, Singapore 628392**

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

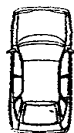
PIONEER SECTOR 2 NEAR STS STEEL TUBESIf **NO**, Driver Name / Age : **TAY CHWEE WAN**

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

Driver Tel No. : _____

(V/L: YES / NO)

Insured Liability : _____ %

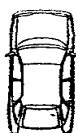
Final ? Yes / No**GBB 631U**

INSRS:

WSP: **KS**Tel : **AUTOMOBILE**

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time		STAGE	DATE / PIC
GBB 631U - X			
SHD 261Y - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Non-Reporting Ltr (Created By			
CC4/ASM18022379/K1eb3q2 02/07/2019 SHC 6841P SHD 261Y 11/12/2018 88/03/2019 LSR			
CS/ASM22007833/Any3 16/08/2022 GBB 631U SHD 261Y 12/08/2022 RAP			
		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:		