

INS. CASE OWNER:

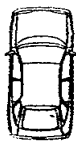
ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : **01.09.2022**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **SHB 7934D**Claim No. : **S2M04A68**Name of Insured : **TRANS-CAB SERVICES PTE LTD**Policy No. : **P2459880**

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$D.O.A : **16.08.2022 13:40**

Place of Accident : _____

Is driver the owner? (YES / NO)

Nature of Accident : _____

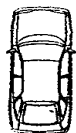
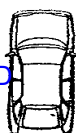
If **NO**, Driver Name / Age :

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

Driver Tel No. : _____

(V/L: YES / NO)

Insured Liability : _____ %

Final ? Yes / No**SLJ 3502D**INSRS:
WSP: **HUI YANG**
Tel : **MOTOR PTE LTD**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date	Created By	DATE / PIC
SLJ 3502D	NA/LIP19018045/z4 14/10/2019 TAN HONG YE, CLEMENT SLJ 3502D SGW 6612R 11/10/2019 HZT	Non-Reporting ltr (1st):	
SHB 7934D	CS/GAI17019817/KrbXX 16/10/2017 SHB 7934D FBM 1723Z 10/10/2017 27/10/2017 NV	Non-Reporting ltr (2nd):	
	NA/INC14004237/e1 04/03/2014 HENG MUI CHOO SGD 4587T SHB 7934D 04/03/2014 10/03/2014 NBS	Non-Reporting ltr (Final):	
	NJA/INC09018939/j1 25/08/2009 PHUI HUAY KIM FR 6379C SHB 7934D 13/08/2009 07/09/2009 NSC	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:	☐
		Post-Repair Photos:	☐
		Others:	☐
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____		
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: _____		