15/5/2010

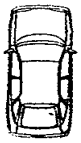
INS. CASE OWNER: LOH Cynthia | CC4/ASM22009320/pa3 | LKK: IDAC: 283483

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 21.09.2022

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SHD 5470C | Claim No. : S2M04BFH

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

Insured Tel No. : _____ HP: _____ | Make / Model : Toyota Prius

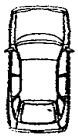
Excess Sec II :S$ _____ D.O.A : 21/09/2022 09:15 | Place of Accident : NUH OUTSIDE NUH CHILDREN EMERGENCY

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

If **NO**, Driver Name / Age : LIM KIM BOON | OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

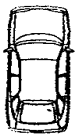
Driver Tel No. : (V/L: YES / NO) | Insured Liability : % **Final ? Yes / No**

SLV 8818Y → _____ → _____ → _____

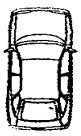


INSRS:
WSP: HD Perfect
Tel : Autowork Pte. Ltd
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
SLV 8818Y -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
	NA/DAI18011553/z4 25/06/2018 YEO LYE SENG SLV 8818Y SGX 9101Z 25/06/2018 29/06/2018 HZT
SHD 5470C -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
	CA/MSG22000661/m4 19/01/2022 WANG KWEE ING SFZ 8080H SHD 5470C 18/01/2022 24/01/2022 SML
	CC3/AIG20005328/Kga3q2 07/06/2021 SHD 5470C SDV 5785Y 18/04/2020 08/06/2021 DBR
	CC3/AIG20005328/Kga3q2-1 28/10/2021 SHD 5470C SDV 5785Y 18/04/2020 HMK
	CC3/TMI19015615/Ktf3n2 03/10/2019 SHD 5470C YL 9389K 01/09/2019 03/10/2019 CJT
	CS/FCI13001500/Uvu2 04/03/2013 SKC 627X SHD 5470C 20/01/2013 08/03/2013 QXJ
	CS/SMO20000183/Ktd3n2 13/01/2020 SHD 5470C FBL 2673H 02/01/2020 13/01/2020 NVT
	CS3/ASM22001063/Vvy3e2 16/03/2022 SFZ 8080H SHD 5470C 18/01/2022 17/03/2022 NMT

STAGE	DATE / BY
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:		
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:		