

ASSIGNMENTSurveyor: **MARCUS**

DOI: _____

Date / Time : **23.09.2022**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **SHC 5062C**Claim No. : **S2M04BDJ**Name of Insured : **TRANS-CAB SERVICES PTE LTD**Policy No. : **P2459880**

Insured Tel No. : _____ HP: _____

Make / Model : _____

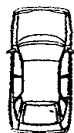
Excess Sec II :S\$ _____ D.O.A : **18/09/2022 23:45**Place of Accident : **PASIR RIS DR 1 AND ELIAS ROAD JUNCTION**

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****SMU 9407L**INSRS:
WSP: **FASTECH**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	Customer Name	Vehicle No.	TP Vehicle No.	Accident Date	Close Date	Damage By	DATE / PIC
SMU 9407L	Reference Entry	CC3/AIG2100871/Eqd3e2	10/02/2021	SMU 9407L	18/01/2021	11/02/2021	NVT
SHC 5062C	Reference Entry	CC3/ASM19015218/Kga3s2	18/11/2019	SHC 5062C SJP 3785X	24/08/2019	18/11/2019	NVT
CC3/III19006374/Kga3q2	06/02/2020	SHC 5062C SHC 8745X	06/04/2019	06/02/2020	11/02/2020	11/02/2020	NVT
CS3/ASM22008886/Rqy3	09/09/2022	SMW 847Z SHC 5062C	07/09/2022	RAP			
Documentation Check List:							
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:							
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			
Final Liability:	%	(Agreed / Assessed)			BOLA S/N No. :		
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\$						
Disbursement:	S\$	(e.g. Tow/ Independent)			1) Claim status: Normal/Reject/Private Settle		
Legal Cost	S\$				2) Report Format:		
			3) Survey fee:				
Total:	S\$	Global Sum S\$:					
FINAL PAYMENT							
Date/Time:	Confirm with:			Email			
Payee 1:	S\$	Name 1:					
Payee 2: (Strike if N.A.)	S\$	Name 2:					
Payee 3: (Strike if N.A.)	S\$	Name 3:					