15/5/2010

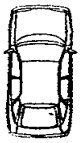
INS. CASE OWNER: KHOR Saw Theng | CC4/ASM22009905/pa3 | LKK: IDAC: 285811

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 06/10/2022

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 5597B | Claim No. : S2M04CD7

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

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

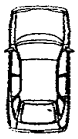
Excess Sec II :S$ _____ D.O.A : 05/10/2022 11:45 | Place of Accident : Kampong Bahru Rd, Singapore

Is driver the owner? (YES / NO) | Nature of Accident : KAMPONG BAHRU TOWARDS LOWER DELTA

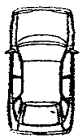
If **NO**, Driver Name / Age : | OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

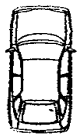
SHD 6070S → _____ → _____ → _____



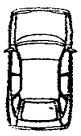
INSRS:
WSP: STRIDES
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
SHD 6070S - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By	
CC3/TMI11021549/R1y1m 17/01/2012 SHD 6070S XD 5141M 19/10/2011 31/01/2012 MRB	
CC4/LPC19002931/Jda3q2 02/08/2019 SHD 6070S GBD 2015 13/02/2019 05/08/2019 HMK	
CI/TPD18010496/Zc 08/06/2018 SHD 6070S 14/04/2018 28/07/2018 FWL	
CS/SMR21009919/Euf3n2 11/11/2021 SGS 37L SHD 6070S 14/09/2021 11/11/2021 LST	
NA/INC20003610/Dz4 18/08/2020 TOH CHUN KIAT SMT 5683L SHD 6070S 18/08/2020 [illegible] HET	
NS/INC12004313/R1fn 27/04/2012 SHD 6070S GBB 1697Z 28/02/2012 27/04/2012 MRB	
NS/INC15019469/K1tbn2 13/12/2015 SHD 6070S SKG 3346R 14/11/2015 16/12/2015 CKL	
NS/INC16002232/K1tbc2 11/03/2016 SHD 6070S SGU 1814T 31/01/2016 15/03/2016 CKL	
SHC 5597B - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By	
CC3/ASM19005193/Kba3q2 02/03/2021 SHB 7615A SHC 5597B 17/03/2019 03/03/2021 LSP	
CC3/III16002466/Kug3s2 20/04/2016 SHC 5597B SHA 4675B 04/02/2016 22/04/2016 LSH	
CC3/TMI16014999/Kvbn2 17/08/2016 SHC 5597B XD 3183E 10/08/2016 22/08/2016 CKL	
NA/TMI16014807/k4 10/08/2016 FOO FANG WOEI XD 3183E SHC 5597B 10/08/2016 17/08/2016 KSG	

STAGE	DATE / PIC
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:	