15/5/2010

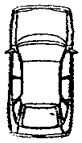
INS. CASE OWNER: HO Winnie | CC4/ASM22010663/pa3 | LKK: IDAC: 288396

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 26.10.2022

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 5781K | Claim No. : S2M04DFE

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

Insured Tel No. : _____ HP: _____ | Make / Model : Toyota PRIUS 5 DR HATCHBACK (AUTO)

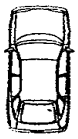
Excess Sec II :S$ _____ D.O.A : 24/10/2022 20:30 | Place of Accident : JUNCTION OF NORTH BRIDGE ROAD TURNING LEFT INTO BRASS BASAH ROAD

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

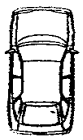
If **NO**, Driver Name / Age : AGOS SADI BIN SUHAIMI | OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

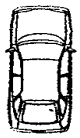
SLE 1311C → _____ → _____ → _____



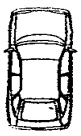
INSRS:
WSP: Divine Splash Spray Painting
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
SLE 1311C - X	
SHC 5781K -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
	~~CC3/CTI18004160/Khb3s2 22/07/2019 SHC 5781K SBK 3300H 28/02/2018 24/07/2019 LSP~~
	~~CC3/FCI15014209/K1tbc2 26/01/2016 SHC 5781K GU 2081J 18/08/2015 27/01/2016 CKL~~
	CC3/III21006023/Kbs3q2 28/07/2021 SHC 5781K SHD 2490P 15/05/2021 29/07/2021 LSL1
	CC3/TMI15015751/Ktbd1 28/09/2015 SHC 5781K GW 18X 15/09/2015 30/09/2015 CCY
	~~CC4/AXA16022147/Kha3q2 24/07/2018 SGY 4852S SHC 5781K 17/11/2016 27/07/2018 HMK~~

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:	