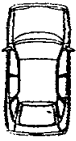


ASSIGNMENT

Surveyor: RASUL DOI: 01/11/2022 Date / Time : 01/11/2022
 Registered in Merimen: _____

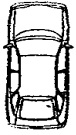
Pre-assign / CCU / FTE



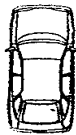
Insured Vehicle No. : SHF 748A Claim No. : S2M04DJR
 Name of Insured : TRANS-CAB SERVICES PTE LTD Policy No. : P2459880
 Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II : \$ _____ D.O.A : 25/10/2022 13:30 Place of Accident : Near Blk 206, Singapore
 Is driver the owner? (YES / NO) Nature of Accident : SERANGOON CENTRAL

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**

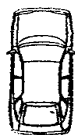
SG 3024A



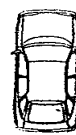
INSRS:
WSP: **TOWER**
Tel : **TRANSIT**
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
SG 3024A - X		
<p>SHF 748A - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By CC.3/AIG20013792/Kba3q2 06/09/2021 SHF 748A SJM 1714E 09/12/2021 09/12/2021 HMK CC.3/AIG21000528/Kpa3 12/01/2021 SHF 748A SKR 3807U 08/01/2021 HMK</p>		
	Non-Reporting Itr (Final):	
	Notification Itr (if non-pickup):	
	Call OI:	
	After call Itr to OI:	
	*HSBC SETTLED DIRECTLY	
	*SUBMIT WP TO HSBC	
	Documentation Check List:	Handler Typist
	Notification Itr (if non-pickup)	<input type="checkbox"/> <input type="checkbox"/>
	After call Itr to OI:	<input type="checkbox"/> <input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
	PIR:	<input type="checkbox"/> <input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
	LOD	<input type="checkbox"/> <input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
PRELIMINARY ADVICE Date/Time: _____ Sent By: _____	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
	Others:	<input type="checkbox"/> <input type="checkbox"/>
FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____		
Repair Cost: P/P S\$ 9,469.00 (5 days) Reduction: 38 %	Email <input type="checkbox"/>	Call <input type="checkbox"/>
FINAL SETTLEMENT Date/Time: _____ Confirm with _____ Email <input type="checkbox"/> Call <input type="checkbox"/>		
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 <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]		
GIA/LTA Search S\$		
Medical: S\$	1) Claim status: Normal/Reject/Private Settlement WP	
Disbursement: S\$ (e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost S\$	3) Survey fee: \$250.00	
Total: S\$	Global Sum S\$:	
FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email <input type="checkbox"/> Call <input type="checkbox"/>		
Payee 1: S\$ Name 1: _____		
Payee 2: (Strike if N.A.) S\$ Name 2: _____		
Payee 3: (Strike if N.A.) S\$ Name 3: _____		