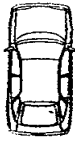


ASSIGNMENT

Surveyor:

RASULDOI: **01/11/2022**Date / Time : **01/11/2022**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured 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 :S\$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

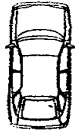
If NO, Driver Name / Age :

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 :

Liability :

RMKS:



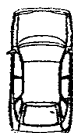
INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SG 3024A - X**SHF 748A - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By****CC3/AIG20013792/Kba3q2 06/09/2021 SHF 748A SJM 1714E 09/12/2021 Non-Reporting Ltr (Final) HMK****CC3/AIG21000528/Kpa3 12/01/2021 SHF 748A SKR 3807U 08/01/2021 Non-Reporting Ltr (Final) HMK****STAGE****DATE / PIC**

Non-Reporting Ltr (Final)

Non-Reporting Ltr (Final)

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 + LOU ☐

[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: