15/5/2010

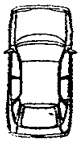
INS. CASE OWNER: KHOR Saw Theng | CS3/ASM22011068/Spa3 | LKK: IDAC: 289821

ASSIGNMENT

Surveyor: IRFAN DOI: 07/11/2022 Date / Time : 04.11.2022

Registered in Merimen: ——

Pre-assign / CCU / FTE



Insured Vehicle No. : SHD 5524G Claim No. : S2M04DZH

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

Insured Tel No. : HP: Make / Model : Toyota Prius

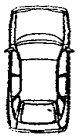
Excess Sec II :S$ D.O.A : 01/11/2022 23:00 Place of Accident : ALONG ANG MO KIO AVE 3 JUNCTION OF ~~ANG MO KIO CENTRAL 1~~

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

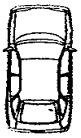
If **NO**, Driver Name / Age : TOH KAI KOK OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

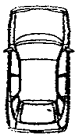
SNG 5632R → → →



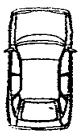
INSRS:
WSP: JSSM AUTOSOLUTIONS PTE LTD
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
SNG 5632R - X		**STAGE** **DATE / PIC**
SHD 5524G - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By		Non-Reporting ltr (1st):
	CC3/TMI14020544/Kgbu2 13/11/2014 SHD 5524G SBZ 44M 29/10/2014 14/11/2014 CK	Non-Reporting ltr (2nd):
		Non-Reporting ltr (Final):
		Notification ltr (if non-pickup):
		Call OI:
		After call ltr to OI:
	*PRI CASE	**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:
	Repair Range : $5,500.00 - $6,500.00	Mandate/Reject Instruction:
		LOD
		Payment Breakdown Form:
PRELIMINARY ADVICE Date/Time:	Sent By:	Post-Repair Photos:
		Others:

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost:	S$ (4 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: PRI
Legal Cost	S$		3) Survey fee: $100.00
Total:	**S$**	**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:	