15/5/2010

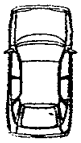
INS. CASE OWNER: ANG Yvonne | CC4/ASM22011255/Spa3 | LKK: IDAC: 290728

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 09/11/2022

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SHF 577B | Claim No. : S2M04E2I

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

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

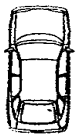
Excess Sec II :S$ _____ D.O.A : 03/11/2022 06:10 | Place of Accident : NEW LOYANG LINK INFRONT SHELL ENTRANCE

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

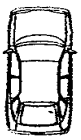
If **NO**, Driver Name / Age : SNG KIAN TIONG | OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

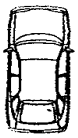
FBK 4479U → _____ → _____ → _____



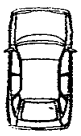
INSRS:
WSP: Kivile Enterprise
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time

FBK 4479U - X

SHF 577B - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By

CC3/AIG17008287/Kub3q2 09/11/2018 SHF 577B EZ 90T 21/04/2017 12/11/2018 LSP

~~CC3/AIG17021071/Khb3q2 27/03/2019 SHF 577B SBX 800H 31/10/2017 28/03/2019 LSP~~

CC3/AIG17022095/Kub3q2 09/03/2018 SHF 577B SBL 8078L 14/11/2017 12/03/2018 LSP

CC3/ASM18017904/Ghb3s2 27/05/2019 SHF 577B SHB 9821H 30/09/2018 29/05/2019 LSP

~~CC3/TMI14014370/Kvm3u2 03/10/2014 SHF 577B SJB 3717S 26/07/2014 07/10/2014 BPL~~

CC3/TMI19009057/Ktd3n2 30/05/2019 SHF 577B SKJ 7069Z 20/05/2019 31/05/2019 LST1

CS/FCI19005205/Ksd3n2 03/04/2019 SHF 577B SH 6717J 17/03/2019 03/04/2019 LST1

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:	