15/5/2010

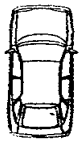
INS. CASE OWNER: LOH Cynthia | CC4/ASM22011525/Upa3 | LKK: IDAC: 291947

ASSIGNMENT

Surveyor: MARCUS DOI: Date / Time : 15/11/2022

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 5208A

Name of Insured : TRANS-CAB SERVICES PTE LTD

Insured Tel No. : HP:

Excess Sec II :S$

Is driver the owner? (YES / NO)

If **NO**, Driver Name / Age :

Driver Tel No. : (V/L: YES / NO)

Claim No. : S2M04EIL

Policy No. : P2459880

Make / Model : Toyota Prius

Place of Accident : 30 KALLANG PLACE CAR PARK ENTRANCE

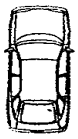
D.O.A : 09/11/2022 12:30

Nature of Accident :

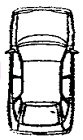
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No**

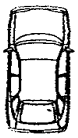
GBE 7631H →



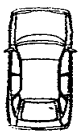
INSRS:
WSP: T K Lee
Tel : Automotive Pte Ltd
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
GBE 7631H - X	
SHC 5208A - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By	
	CC3/AXA15007455/Kwa3q2 19/05/2017 SHC 5208A SGY 4960M 28/04/2015 19/05/2017 LSL1
	CC4/AIG08028132/DDn 26/12/2008 SHC 5208A SCF 3553J 15/10/2008 31/12/2008 YYF
	CC4/AXA17009045/Uhb3s2 23/10/2017 FBH 8159H SHC 5208A 20/04/2017 25/10/2017 LSP
	CS/ASM22001294/Uty3e2 18/03/2022 SKV 2962P SHC 5208A 06/02/2022 22/03/2022 NMY

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:		