15/5/2010

INS. CASE OWNER: TEO Kitty

CC4/ASM22012475/pa3

LKK:

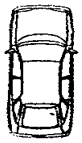
IDAC: 295858

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 13.12.2022

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SHD 9046T

Name of Insured : TRANS-CAB SERVICES PTE LTD

Insured Tel No. : _____ HP: _____

Excess Sec II :S$ _____ D.O.A : 12/12/2022 05:15

Is driver the owner? (YES / NO)

Claim No. : S2M04GBU

Policy No. : P2477626

Make / Model : Toyota Prius

Place of Accident : Near 9 Fort Canning Rd, Singapore 238459

Nature of Accident : PENANG ROAD IN FRONT 9 PENANG ROAD

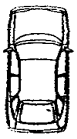
If **NO**, Driver Name / Age : ONG CHEE MING

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

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

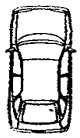
Insured Liability : % **Final ? Yes / No**

SKK 6366S → _____ → _____ → _____

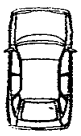


INSRS:
WSP: AUBURN AUTO PTE LTD
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
SKK 6366S -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
	CC3/CTI17009395/K1ya3k2 23/06/2017 SHB 610J SKK 6366S 10/05/2017 27/06/2017 HMK
	NA/CTI17009094/k4 11/05/2017 FOO SOO CHIN SKK 6366S SHB 610J 10/05/2017 23/05/2017 KSG
	NA/TMI19012558/z4 16/07/2019 TAY YONG KIAT SKK 6366S SJV 2531L 15/07/2019 22/07/2019 HET
SHD 9046T -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
	CC3/AIG21004448/Kps3q2 24/09/2021 SHD 9046T SKX 1768E 02/04/2021 24/09/2021 LSL
	CC3/EQI16023849/Khb3q2 17/08/2018 SHD 9046T FBK 1786C 10/12/2016 20/08/2018 LSH
	CC3/FCI12019085/Kvn 04/10/2012 SHD 9046T SHC 7433C 23/08/2012 05/10/2012 CMJ
	CC3/FCI13016739/Kvd1 12/09/2013 SHD 9046T SHC 8608J 29/06/2013 13/09/2013 KYS
	CC3/FCI14014647/R1qm3c3 01/09/2014 SHD 9046T SHA 3878P 31/07/2014 08/09/2014 GPL
	CS/EGI22005918/Kqy3m4 26/07/2022 SHD 9046T SMR 3785A 18/06/2022 27/07/2022 NMY

DATE / PIC	
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
No Creation 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:		