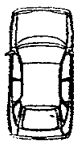


ASSIGNMENTSurveyor: **MARCUS**

DOI: _____

Date / Time : **20.12.2022**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **SHD 9474R**Claim No. : **S2M04FZO**Name of Insured : **TRANS-CAB SERVICES PTE LTD**Policy No. : **P2477626**

Insured Tel No. : _____ HP: _____

Make / Model : **Toyota PRIUS**Excess Sec II :S\$ _____ D.O.A : **03/12/2022 00:10**Place of Accident : **Near Bef Tampines Ind Dr, Singapore**

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

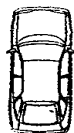
TPE TOWARDS SLE AFTER EXIT 6If NO, Driver Name / Age : **TAN WEE CHEE**

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

Driver Tel No. : _____

(V/L: YES / NO)

Insured Liability : _____ %

Final ? Yes / No**FBR 7125J**INSRS:
WSP: **2ND AUTO**
Tel : **PTE LTD**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			STAGE	DATE / PIC
	FBR 7125J - X	SHD 9474R - X	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
			Notification ltr (if non-pickup)	<input type="checkbox"/>
			After call ltr to OI:	<input type="checkbox"/>
			Authorisation To Act:	<input type="checkbox"/>
			Release Voucher:	<input type="checkbox"/>
			Final Repair Bill:	<input type="checkbox"/>
			Car Rental Invoice:	<input type="checkbox"/>
			Towing Invoice	<input type="checkbox"/>
			LTA / GIA :	<input type="checkbox"/>
			Medical Bill:	<input type="checkbox"/>
			PIR:	<input type="checkbox"/>
			Mandate/Reject Instruction:	<input type="checkbox"/>
			LOD	<input type="checkbox"/>
			Payment Breakdown Form:	<input type="checkbox"/>
PRELIMINARY ADVICE	Date/Time:	Sent By:	Post-Repair Photos:	<input type="checkbox"/>
			Others:	<input type="checkbox"/>
FINALIZATION	Date/Time:	Confirm with:	Confirm by:	
Repair Cost: L/SUM	S\$ 2,000.00	(4 days) Reduction: 48	%	Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT	Date/Time: 14/03/2023	Confirm with MR NG	Email <input checked="" type="checkbox"/>	Call <input type="checkbox"/>
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. :	NIL	If NO or B 28, Ass. Lia :
Repair Cost:	S\$ 2,000.00			
Loss of Rental (LOR):	S\$ _____	(_____ days)		
Loss of Use (LOU):	S\$ 150.00	(\$ 25 x 6 days)		
Loss of Income (LOI):	S\$ _____	(\$ _____ x _____ days)		
LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/>	LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/>	[Tick only one]		
GIA/LTA Search	S\$ 7.45			
Medical:	S\$ _____			1) Claim status: Normal/Reject/Private Settle _____
Disbursement:	S\$ _____	(e.g. Tow/ Independent)		2) Report Format: TP
Legal Cost	S\$ _____			3) Survey fee: \$350.00
Total:	S\$ 2,157.45	Global Sum S\$:	2,150.00	
FINAL PAYMENT	Date/Time:	Confirm with:	Email <input checked="" type="checkbox"/>	Call <input type="checkbox"/>
Payee 1:	S\$ 2,150.00	Name 1:	2ND AUTO PTE LTD	
Payee 2: (Strike if N.A.)	S\$ _____	Name 2:		
Payee 3: (Strike if N.A.)	S\$ _____	Name 3:		