15/5/2010

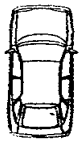
INS. CASE OWNER: ANG Yvonne | CC4/ASM22012727/Kpa3 | LKK: IDAC: 296993

ASSIGNMENT

Surveyor: KENNETH DOI: 20/12/2022 Date / Time : 20/12/2022

Registered in Merimen: ——

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 5327P Claim No. : S2M04GNQ

Name of Insured : TRANS-CAB SERVICES PTE LTD Policy No. : P2477626

Insured Tel No. : HP: Make / Model :

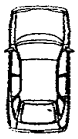
Excess Sec II :S$ D.O.A : 16/12/2022 21:00 Place of Accident : AIRPORT BOULEVARD

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

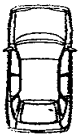
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

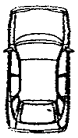
SNA 3908R → → →



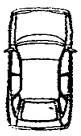
INSRS:
WSP: AUBURN AUTO PTE LTD
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
SHC 5327P -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By CC3/AIG15002603/Kua3n2 27/10/2015 SHC 5327P SKC 3595J 07/02/2015 28/10/2015 HMK CC3/AXA15004418/R1ua3q2 14/07/2016 SHC 5327P SGJ 5666K 10/03/2015 18/07/2016 HMK CC3/TMI16005997/Kvbn2 15/02/2017 SHC 5327P SJL 9193K 31/03/2016 20/02/2017 GKN NA/INC20005213/r3 15/04/2020 ARUMUGAM SUGUMARAN GBJ 7060D SHC 5327P 22/03/2020 24/04/2020 RBW		Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
SNA 3908R - X		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:	
PRELIMINARY ADVICE	Date/Time: Sent By:	Post-Repair Photos:	
		Others:	

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:	