15/5/2010

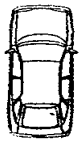
INS. CASE OWNER: KITTY TEO | CC4/ASM22012870/Kpa3 | LKK: IDAC: 297720

ASSIGNMENT

Surveyor: KENNETH DOI: 28/12/2022 Date / Time : 27/12/2022

Registered in Merimen: ____

Pre-assign / CCU / FTE



Insured Vehicle No. : SHD 9645P Claim No. : S2M04FQW

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

Insured Tel No. : HP: Make / Model : Toyota Prius

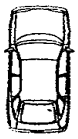
Excess Sec II :S$ D.O.A : 30/11/2022 09:30 Place of Accident: ALONG SOUTH BUONA VISTA ROAD AFTER TURNING LEFT FROM LOWER KENT RIDGE ROAD

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

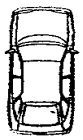
If **NO**, Driver Name / Age : GUNA SHEKERAN S/O VIJAYAN OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

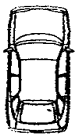
SCW 3033D → ____ → ____ → ____



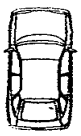
INSRS:
WSP: GUAN
Tel : MOTOR
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
SCW 3033D -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By CC3/AIG13012416/Kpb3q2 22/09/2014 SHB 7667A SCW 3033D 03/07/2013 24/09/2014 SBS	
SHD 9645P -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By CC3/III17006579/Keb3s2 17/01/2018 SHD 9645P SHD 3744B 31/03/2017 19/01/2018 LSH1 NA/INC20010110/h4 21/09/2020 TAN LI YE FBL 636D SHD 9645P 19/09/2020 23/09/2020 LSH	

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:	