15/5/2010

INS. CASE OWNER: TEO Kitty

CC4/HSB23001547/Apa3

LKK:

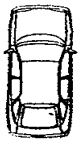
IDAC: 303030

ASSIGNMENT

Surveyor: ADRIAN DOI: _____ Date / Time : 13.02.2023

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SHD 9407K Claim No. : S3M04JA5

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

Insured Tel No. : _____ HP: _____ Make / Model : _____

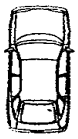
Excess Sec II :S$ _____ D.O.A : 11/02/2023 Place of Accident : _____

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

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

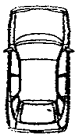
Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SLL 8242K → _____ → _____ → _____

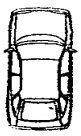


INSRS:
WSP: HD Perfect
Tel : Autowork Pte. Ltd
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
SLL 8242K - X	
SHD 9407K -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By CC3/AXA13016773/Kv1m3q2 22/05/2014 SHD 9407K SKJ 4757R 04/09/2013 30/05/2014 NSW CC3/CTI16021805/Kub3k2 03/08/2017 SHD 9407K SLF 1382S 13/11/2016 07/08/2017 LSP CC4/ASM21010916/Uga3 25/10/2021 SMT 7898X SHD 9407K 22/10/2021 HMK NA/FWD21011966/V 25/11/2021 OH FENG GUI DESMOND SMT 7898X SHD 9407K 22/10/2021 25/11/2021 EWL NBA/INC19000817/Y 14/01/2019 NUR IMAN BIN ABIDIN FBM 4585K SHD 9407K 07/01/2019 17/01/2019 RBA

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:		