15/5/2010

INS. CASE OWNER: OH Vale

CC4/HSB23002432/pa3

LKK:

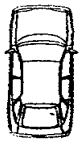
IDAC: 305441

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 07/03/2023

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SHD 78K

Name of Insured : TRANS-CAB SERVICES PTE LTD

Insured Tel No. : _____ HP: _____

Excess Sec II :S$ _____ D.O.A : 03/03/2023 09:10

Is driver the owner? (YES / NO)

Claim No. : S3M04K63

Policy No. : P2477626

Make / Model : _____

Place of Accident : Near 58 Jln Sejarah, Singapore 299088

Nature of Accident : PIE TOWARDS CHANGI AFTER ADAM ROAD

If **NO**, Driver Name / Age : MOHAMED SAM BIN SALIM

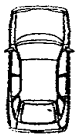
Driver Tel No. :

(V/L: YES / NO)

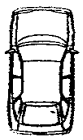
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

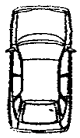
SMN 4601L → _____ → _____ → _____



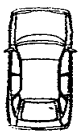
INSRS: AUTO UNITED SG PTE LTD
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
SMN 4601L - X	
SHD 78K -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
	CC3/EQI14003349/Kuy3q2 03/07/2014 SHD 78K SGR 7304A 17/02/2014 07/07/2014 KYS
	CC3/TMI17000927/Kvbe2 26/05/2017 SHD 78K SGV 6525P 11/01/2017 29/05/2017 CKL
	CC3/TMI21010622/Kvcn2 21/10/2021 SHD 78K SKR 7558L 13/10/2021 21/10/2021 FWL
	NA/CTI22001032/m4 03/02/2022 MUHAMMAD HAIKAL BIN ABD WAHAB SMG 240H SHD 78K 25/01/2022 09/02/2022 SML

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:	