15/5/2010

INS. CASE OWNER: TEO Kitty

CC4/ASM23002824/Apa3

LKK:

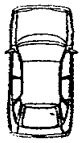
IDAC: 306520

ASSIGNMENT

Surveyor: ADRIAN DOI: _____ Date / Time : 20/03/2023

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SHD 440Y Claim No. : S3M04KLN

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

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

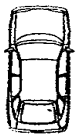
Excess Sec II :S$ _____ D.O.A : 16/03/2023 20:30 Place of Accident : Near 27 Jln Telawi, Singapore 537370

Is driver the owner? (YES / NO) Nature of Accident : KPE TOWARDS SENGKANG BEFORE DHL BUILDING

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

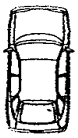
Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

PC 2897K → _____ → _____ → _____

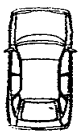


INSRS:
WSP: HD Perfect
Tel : Autowork Pte. Ltd
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
PC 2897K - X	
SHD 440Y - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By	
CC3/AIG14011256/Kka3q2 02/12/2014 SHD 440Y SKH 5277M 13/06/2014 05/12/2014 HMK	
NA/INC11013160/c2 06/07/2011 HO SOO LIEW YL 3621D SHD 440Y 06/07/2011 07/07/2011 SW	
NA/MSG18003075/r3 15/02/2018 SNG KOK ANN KENNY SLT 1950D SHD 440Y 14/02/2018 20/02/2018 NVT	
NJA/LIP10014779/k1 27/07/2010 CHIAM KAI XIONG SGZ 9658Z SHD 440Y 26/07/2010 11/08/2010 LLL	
NM/LIP23002789/Wd4 17/03/2023 TAN TECK LENG CHRISTOPHER SMN 9244B SHD 440Y 16/03/2023 NVT	

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:	