15/5/2010

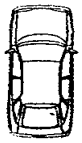
INS. CASE OWNER: KHOR Saw Theng | CC4/HSB23003099/Upa3 | LKK: IDAC: 307003

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 24.03.2023

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SHB 9939C | Claim No. : S3M04KTT

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

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

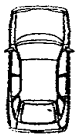
Excess Sec II :S$ _____ D.O.A : 16/03/2023 20:45 | Place of Accident : Near 54 Mas Kuning Terrace, Singapore 126885

Is driver the owner? (YES / NO) | Nature of Accident : JUNCTION OF CLEMENTI AVE 2 AND WEST COAST ROAD

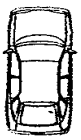
If **NO**, Driver Name / Age : | OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

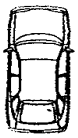
SMC 4433M → _____ → _____ → _____



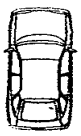
INSRS:
WSP: SpeedWerkz Pte Ltd
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
SMC 4433M - X	
SHB 9939C -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
	CC3/AXA15002022/Kpb3s2 22/12/2017 SHB 9939C SKB 1515J 29/01/2015 26/12/2017 LSL1
	CC3/TMI11020544/Kvn 27/02/2012 SHB 9939C PA 2262C 03/10/2011 02/03/2012 CM1
	CC4/AIG08028133/DDh 13/01/2009 SHB 9939C SDH 2307M 15/10/2008 14/01/2009 YYF

STAGE	DATE / PIC
Date Created By(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:	