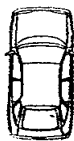


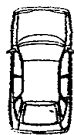
ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : **24.03.2023**
 Registered in Merimen: _____

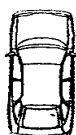
Pre-assign / CCU / FTE

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 :\$ _____ D.O.A : **16/03/2023 20:45** Place of Accident : **Near 54 Mas Kuning Terrace, Singapore 126885**
JUNCTION OF CLEMENTI AVE 2 AND WEST COAST ROAD
 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**

SMC 4433M

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



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
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 X LSL1		
	CC3/TMI11020544/Kvn 27/02/2012 SHB 9939C PA 2262C 03/10/2011 02/03/2012 CM		
	CC4/AIG08028133/DDh 13/01/2009 SHB 9939C SDH 2307M 15/10/2008 14/01/2009 YL		
		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: L/SUM	S\$ 4,800.00 (4 days) Reduction: 72 %	Email ☐	Call ☐
FINAL SETTLEMENT	Date/Time: 22/05/2023 Confirm with JULIE	Email ☒	Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ 4,800.00		
Loss of Rental (LOR):	S\$ _____ (_____ days)		
Loss of Use (LOU):	S\$ 300.00 (\$ 60 x 5 days)		
Loss of Income (LOI):	S\$ _____ (\$ _____ x _____ days)		
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]			
GIA/LTA Search	S\$ 26.75		
Medical:	S\$ _____	1) Claim status: Normal/ Reject/Private Settle	
Disbursement:	S\$ _____ (e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost	S\$ _____	3) Survey fee: \$350.00	
Total:	S\$ 5,126.75 Global Sum S\$: 5,120.00		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____ Email ☒ Call ☐		
Payee 1:	S\$ 5,120.00 Name 1: SPEEDWERKZ PTE LTD		
Payee 2: (Strike if N.A.)	S\$ _____ Name 2: _____		
Payee 3: (Strike if N.A.)	S\$ _____ Name 3: _____		