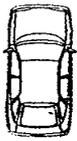


ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : **03.04.2023**
 Registered in Merimen: _____

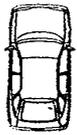
Pre-assign / CCU / FTE



Insured Vehicle No. : **SHC 5628X** Claim No. : **S3M04L5R**
 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 : **31/03/2023 16:30** Place of Accident : **Kaki Bukit Ave 2**
 Is driver the owner? (YES / NO) Nature of Accident : _____

If NO, Driver Name / Age : **CHEW GEK KHOON** OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
 Driver Tel No. : _____ (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

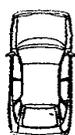
SND 6082L



INSRS: _____
 WSP: **JSSM**
 Tel : **AUTOSOLUTIONS**
 Liability : **PTE LTD**
 RMKS: _____



INSRS: _____
 WSP: _____
 Tel : _____
 Liability : _____
 RMKS: _____



INSRS: _____
 WSP: _____
 Tel : _____
 Liability : _____
 RMKS: _____



INSRS: _____
 WSP: _____
 Tel : _____
 Liability : _____
 RMKS: _____

Date/ Time	STAGE	DATE / PIC
SND 6082L - X		
SHC 5628X - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date - Report Date Created By		
CC3/AIG09017778/Dn1q1 26/10/2009 SHC 5628X SGC 3286Z 11/08/2009 21/10/2009 TC6		
CC3/AIG10017822/Kn1k2q2 17/01/2011 SHC 5628X SJM 1685E 03/09/2011 21/10/2011 TC6		
CC3/TMI19018249/Kv13e2 23/10/2019 SHC 5628X SJD 4959I 11/10/2019 24/10/2019 LST3		
CC3/TP11023190/Kwb3q2 08/01/2018 SHC 5628X 04/12/2017 09/01/2018 LSP		
NA/INC09013759/r 19/06/2009 TAN CHONG HUI SHC 5628X SBS 2790R 08/03/2008 22/06/2009 LWS		
	Documentation Check List:	Handler Typist
	Notification ltr (if non-pickup)	<input type="checkbox"/> <input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
	PIR:	<input type="checkbox"/> <input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
	LOD	<input type="checkbox"/> <input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
PRELIMINARY ADVICE Date/Time: _____ Sent By: _____	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
	Others:	<input type="checkbox"/> <input type="checkbox"/>
FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____		
Repair Cost: S\$ _____ (_____ days) Reduction: _____ % Email <input type="checkbox"/> Call <input type="checkbox"/>		
FINAL SETTLEMENT Date/Time: _____ Confirm with _____ Email <input type="checkbox"/> Call <input type="checkbox"/>		
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 <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]		
GIA/LTA Search S\$ _____		
Medical: S\$ _____		
Disbursement: S\$ _____ (e.g. Tow/ Independent)	1) Claim status: Normal/Reject/Private Settle	
Legal Cost S\$ _____	2) Report Format:	
	3) Survey fee:	
Total: S\$ _____ Global Sum S\$: _____		
FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email <input type="checkbox"/> Call <input type="checkbox"/>		
Payee 1: S\$ _____ Name 1: _____		
Payee 2: (Strike if N.A.) S\$ _____ Name 2: _____		
Payee 3: (Strike if N.A.) S\$ _____ Name 3: _____		