15/5/2010

INS. CASE OWNER: CC3/CTI23004562/Kya3

LKK:

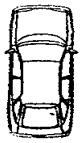
IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 02/05/2023 Date / Time : 02/05/2023

Registered in Merimen: ———

Pre-assign / CCU / FTE



Insured Vehicle No. : SKW 7416L Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

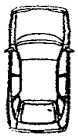
Excess Sec II :S$ D.O.A : 08/04/2023 04:00 Place of Accident :

Is driver the owner? (YES / NO) Nature of Accident :

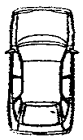
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

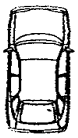
SHD 9148H → → →



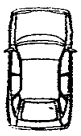
INSRS:
WSP: TRANS-CAB AUTO SERVICES PTE LTD
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
SHD 9148H -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By		
	~~CC3/AIG14003337/Kua3q2 11/09/2014 SHD 9148H SFU 7707S 17/02/2014 18/09/2014 HMK~~	Non-Reporting ltr (1st):	
	~~CC3/AXA12000242/Kz3c3q2 20/10/2012 SHD 9148H GU 4197X 31/12/2011 05/11/2012 TLE~~	Non-Reporting ltr (2nd):	
	~~CC3/AXA13019794/Kea3c3 28/01/2014 SHD 9148H SKF 269E 19/10/2013 30/01/2014 HMK~~	Non-Reporting ltr (Final):	
	~~CC3/FCI15001129/Kqbk3 23/01/2015 SHC 5952J SHD 9148H 17/02/2014 23/01/2015 CKL~~	Notification ltr (if non-pickup):	
	~~CC3/III19021446/Kpa3q2 28/05/2020 SHD 9148H SHC 3934A 27/11/2019 28/05/2020 HMK~~	Call OI:	
	~~CC4/AXA18003868/R1pa3q2 20/02/2020 FBM 748J SHD 9148H 22/02/2018 20/02/2020 LSP~~	After call ltr to OI:	
	~~CS/FCI14004872/Ugbd1 25/03/2014 SFN 2245C SHD 9148H 12/03/2014 27/03/2014 CKL~~		
	~~CS/TP13020861/Kvm3y 11/11/2013 SHD 9148H 18/07/2013 12/11/2013 BPL~~		
	~~NA/TMI17022898/r3 02/12/2017 SYALFUL BAHRI@ TAN PANG CHEW GV 6883E SHD 9148H 01/12/2017 05/12/2017 RBW~~		
SKW 7416L - X		**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:	
PRELIMINARY ADVICE	Date/Time: Sent By:	Post-Repair Photos:	
		Others:	

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:	