15/5/2010

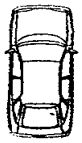
INS. CASE OWNER: HO Winnie | CC4/HSB23004850/Upa3 | LKK: IDAC: 310940

ASSIGNMENT

Surveyor: MARCUS DOI: Date / Time : 11.05.2023

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SHD 9831T Claim No. : S3M04M3G

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

Insured Tel No. : HP: Make / Model :

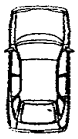
Excess Sec II :S$ D.O.A : 29/04/2023 11:40 Place of Accident : Geylang rd

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

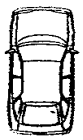
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

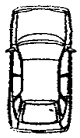
FBN 2851A → → →



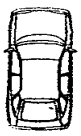
INSRS:
WSP: EROFIA MOTOR TRADING PTE LTD
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
FBN 2851A - X		
SHD 9831T -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By	
	CC3/FCI16011624/Kth3d1 13/07/2016 SHD 9831T SHA 7786U 20/06/2016 14/07/2016 CCY	
	CS/FCI17001136/Kth3n2 06/02/2017 SHD 9831T SHC 1657M 14/01/2017 07/02/2017 CCY	
	NBA/INC17010412/Y 30/05/2017 KEE RONG SHENG KAVIN FBB 9952J SHD 9831T 26/05/2017 07/06/2017 RBA	

STAGE	DATE / PIC
Non-Pickup 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:	