15/5/2010

INS. CASE OWNER: CC3/FCI20014461/Kea3

LKK:

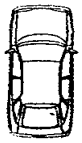
IDAC:

## ASSIGNMENT

Surveyor: KENNETH DOI: 22/12/2020 Date / Time : 22/12/2020

Registered in Merimen:

**Pre-assign / CCU / FTE**



Insured Vehicle No. : SHC 7809C Claim No. :

Name of Insured : CITYCAB PTE LTD Policy No. :

Insured Tel No. : HP: Make / Model :

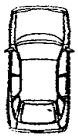
**Excess Sec II :S$** D.O.A : 21/12/2020 09:55 Place of Accident : TANJONG PAGAR RD INFRONT OF TANJONG PAGAR

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

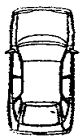
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

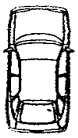
SHD 9035A → → →



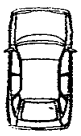
INSRS:
WSP: TRANS CAB
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

| Date/ Time | | |
|---|---|---|
| | SHD 9035A - CC3/AIG15015276/Kka3q2-1XX ; 30/08/2015 | **STAGE** **DATE / PIC** |
| | CC3/AIG15015276/Kza3q2 ; 30/08/2015 | Non-Reporting ltr (1st): |
| | CC3/AXA14007195/Kzy3w2 ; 14/04/2014 | Non-Reporting ltr (2nd): |
| | CC3/FCI14001904/Kgu2 ; 13/12/2013 | Non-Reporting ltr (Final): |
| | NA/MSG11013246/s2 ; 06/06/2011 | Notification ltr (if non-pickup): |
| | SHC 7809C - CS3/FCI15006972/Ygy3d1 ; 23/04/2015 | Call OI: |
| | NA/INC20012726/r3 ; 17/11/2020 | 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: |
| **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: | |