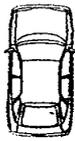


INS. CASE OWNER:

ASSIGNMENTSurveyor: ADRIANDOI: 29/01/2021Date / Time : 28/01/2021

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : SHA 8510SClaim No. : S1M031M1Name of Insured : CITYCAB PTE LTDPolicy No. : P2420442

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 27.01.2021

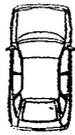
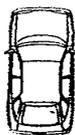
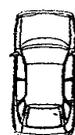
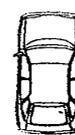
Place of Accident : _____

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****SKC 4712G**INSRS:
WSP: **N-51**
Tel : **AUTOMOTIVE**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SKC 4712G - NA/CTI21001352/h4 ; 27.01.2021	Non-Reporting ltr (1st):	
	SHA 8510S - CS/QW09016311/Rce1 ; 16/07/2009	Non-Reporting ltr (2nd):	
	NA/CTI21001352/h4 ; 27/01/2021	Non-Reporting ltr (Final):	
	NS/INC12017193/H1kn ; 01/09/2012	Notification ltr (if non-pickup):	
	NS/INC19015366/K1ff3n2 ; 28/08/2019	Call OI:	
		After call ltr to OI:	
		Documentation Check List: Handler Typist	
		Notification ltr (if non-pickup)	<input type="checkbox"/>
		After call ltr to OI:	<input type="checkbox"/>
		Authorisation To Act:	<input type="checkbox"/>
		Release Voucher:	<input type="checkbox"/>
		Final Repair Bill:	<input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/>
		Towing Invoice	<input type="checkbox"/>
		LTA / GIA :	<input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/>
		PIR:	<input type="checkbox"/>
		Mandate/Reject Instruction:	<input type="checkbox"/>
		LOD	<input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/>
PRELIMINARY ADVICE Date/Time:	_____	Post-Repair Photos:	<input type="checkbox"/>
	Sent By: _____	Others:	<input type="checkbox"/>
FINALIZATION Date/Time:	_____	Confirm with:	Confirm by: _____
Repair Cost: L/S	S\$ \$3,300.00 (5 days) Reduction: \$3,819.04 % 54	Email <input type="checkbox"/>	Call <input type="checkbox"/>
FINAL SETTLEMENT Date/Time:	19/10/2021 Confirm with MELODY	Email <input checked="" type="checkbox"/>	Call <input type="checkbox"/>
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ 3,156.50 W/GST (AXA'S INSTRUCTION)		
Loss of Rental (LOR):	S\$ _____ (_____ days)		
Loss of Use (LOU):	S\$ 250.00 (\$50 x 5 days)		
Loss of Income (LOI):	S\$ _____ (\$ _____ x _____ days)		
LOR only <input type="checkbox"/>	LOU only <input checked="" type="checkbox"/>	LOR + LOU <input type="checkbox"/>	LOR + LOI <input type="checkbox"/> [Tick only one]
GIA/LTA Search	S\$ 7.45		
Medical:	S\$ _____	1) Claim status: <input type="checkbox"/> Normal/Reject/Private Settle	
Disbursement:	S\$ _____ (e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost	S\$ _____	3) Survey fee: \$350.00	
Total:	S\$ 3,413.95	Global Sum S\$: 3,600.00 (AXA'S INSTRUCTION)	
FINAL PAYMENT Date/Time:	_____	Confirm with:	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Payee 1:	S\$ 3,600.00	Name 1:	N-51 AUTOMOTIVE PTE LTD
Payee 2: (Strike if N.A.)	S\$ _____	Name 2:	
Payee 3: (Strike if N.A.)	S\$ _____	Name 3:	