INS. CASE OWNER: 6880 5450 | CC4/ASM2100157~~4~~/Kba3 | IDAC: 196968

ASSIGNMENT

Surveyor: KENNETH DOI: 02/02/2021 Date / Time : 02/02/2021

Registered in Merimen: ____

Pre-assign / CCU / FTE

Insured Vehicle No. : SHA 9329T Claim No. : S1M031RH

Name of Insured : CITYCAB PTE LTD Policy No. : P2420442

Insured Tel No. : ____ HP: ____ Make / Model : ____

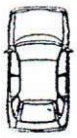
Excess Sec II :S$ ____ D.O.A : 29/01/2021 12:12 Place of Accident : BENOI ROAD TWDS PIONEER ROAD

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

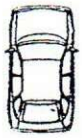
If **NO**, Driver Name / Age : TOH AH LEONG OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

SKW 5548C → ____ → ____ → ____



INSRS:
WSP: Stars Autoworks
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
11.04.2021	SKW 5548C - X SHA 9329T - CC3/AXA11004352/Fy1f2k2 ; 24/02/2011 CC3/FCI20007294/Kes3q2 ; 11/07/2020 CS/FCI14021306/Utbd1 ; 29/10/2014 CS/INC08031568/Kcz1 ; 28/11/2008 Reject Case By (staff) : Jasper Approved by : [illegible] Date : 13/04/21 REJECT TP CLAIM L/S = $2,100.00 CHECK ITEM = $1,478.24 REDUCTION = $4,069.64 / 24.04%

STAGE	DATE / PIC
Non-Reporting 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: L/S S$ 2,100.00 (5 days) Reduction: 34.04 % 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: $350.00
Total:	**S$**	**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:	