15/5/2010

INS. CASE OWNER: CHAN Kian Chuan 68805444

CC4/ASM21003192/Kpa3

LKK:

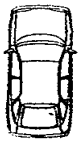
IDAC: 201941

ASSIGNMENT

Surveyor: KENNETH DOI: 10/03/2021 Date / Time : 10/03/2021

Registered in Merimen: ——

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 7228D Claim No. :

Name of Insured : CITYCAB PTE LTD Policy No. : VFX/P2419140

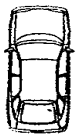
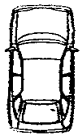
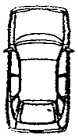
Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 08/03/2021 08:47 Place of Accident : ECP TOWARDS CITY (MARINE PARADE EXIT)

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**

SGV 7028B →	SHC 7228D →	SGW 1149U →	SLB5931C -> SMN 8343E
			
INSRS:	INSRS:	INSRS:	INSRS:
WSP:	WSP:	WSP: A T AUTO	WSP:
Tel :	Tel :	Tel : CONSULTANT	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS: OI	RMKS: TP	RMKS:

Date/ Time			
	SGW 1149U - CC6/AIG13015754/Aa2a3q2 ; 24/08/2013	**STAGE**	**DATE / PIC**
	CS3/CTI18011900/Dz4d3s2 ; 27/06/2018	Non-Reporting ltr (1st):	
	NA/INC08025163/s1 ; 11/09/2008	Non-Reporting ltr (2nd):	
	SHC 7228D - CC4/III20003421/Gpa3q2 ; 28/02/2020	Non-Reporting ltr (Final):	
	CS/FCI14010394/H1gbu2 ; 31/05/2014	Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	
30/11/2021	Pls refer to VIEWS for details.	**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: 30/11/2021	Confirm with Alan	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 0
~~Repair Cost~~: Total Loss	S$ 3,400.00		
Loss of Rental (LOR):	S$ (days)		
Loss of Use (LOU):	S$ 500.00 ($ 50 x 10 days)		
Loss of Income (LOI):	S$ ($ x days)		
LOR only ☐ LOU only ☑	LOR + LOU ☐ LOR + LOI ☐	[**Tick only one**]	
GIA/LTA Search	S$ 7.45		
Medical:	S$		1) Claim status: Normal/~~Reject/Private Settle~~
Disbursement:	S$ 120.00	(e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S$		3) Survey fee: $350.00
Total:	**S$** 4,027.45	**Global Sum S$:** 4,000.00	

FINAL PAYMENT	Date/Time:	Confirm with:		Email ☑ Call ☐
Payee 1:	S$ 4,000.00	Name 1:	A T Auto Consultant	
Payee 2: (Strike if N.A.)	S$	Name 2:		
Payee 3: (Strike if N.A.)	S$	Name 3:		

ASS. REC. BY: Kenneth | REF: AA / 2100318 2/kp

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s AT

of _____

Insured: _____

Policy No. _____

Claims No. _____

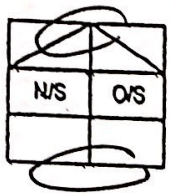
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value: 810k

IDAC Accident Rport: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: _____ days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: 07/22 Person Contacted: _____ Vehicle: IN / OUT

Veh No: SGW1149U Yr Regn: 07/07

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or (A)

Make: Toy Axiu c.c 1496

Colour M. Blue A/C: Insured / Std / NI / NA

Sp.Reading 380361 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: NZE141 - 6037145

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or _____

Brake: In order / Jammed / Leaked / Burnt or _____

Modi: Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: Westlake 195/65R15

R: Dun

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or _____

Front		Rear	
R/Bal.	6 mm	R/Bal.	2 mm
L/Bal.	6 mm	L/Bal.	2 mm
D.O.A.	8/3/21	D.O.I.	10/3/2021

Survey held at _____

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or

R/Rm

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
/	T/Loss - Not economical to repair
	MV: $10,000.00 (est)
	LTA Rebate: $6,357.00(est)
	NV ;$3,643.00 (est)

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____ S + RS _____ St

Parking _____

Others _____

TOTAL _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Report Format :

Lump Sum / I.B.I: ($