15/5/2010

INS. CASE OWNER: ANG Richard 6880 5450

CC4/ASM21003968/Aga3

LKK:

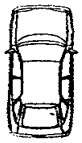
IDAC: 204613

ASSIGNMENT

Surveyor: ADRIAN DOI: _____ Date / Time : 26/03/2021

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SHB 3421T Claim No. : S1M036DS

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

Insured Tel No. : _____ HP: _____ Make / Model : HYUNDAI IONIQ

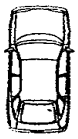
Excess Sec II :S$ _____ D.O.A : 25/03/2021 12:05 Place of Accident : Geylang Road, Singapore

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

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

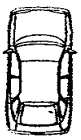
Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SJB 6002B → _____ → _____ → _____

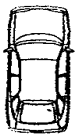


INSRS:
WSP:
Tel :
Liability :
RMKS:

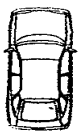
MG SOLUTION PTE LTD



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SJB 6002B - CS3/FCI15002124/T1qy3k3 ; 31.01.2015
	SHB 3421T - CS/FCI12010390/T1y1k3 ; 22/05/2012
	CS/MSG19017761/T1tf3n2 ; 08/10/2019
	CS3/FCI15007154/Fvbq2 ; 24/04/2015
	CS3/FCI16013652/T1qh3c2 ; 21/07/2016
	NA/AIG15007017/d2 ; 24/04/2015

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:	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:	