15/5/2010

INS. CASE OWNER: ANG Richard 6880 5450

CC4/ASM21005220/pa3

LKK: IDAC: 209367

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 28/04/2021

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : SHB 3597U Claim No. : S1M036SQ

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

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

Excess Sec II :S$ _____ D.O.A : 29/03/2021 15:19 Place of Accident : Dunearn Rd, Singapore

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**

SMS 6015P → _____ → _____ → _____

INSRS:
WSP: TROPICAL SUCCESS
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SMS 6015P - X	Non-Reporting ltr (1st):	
	SHB 3597U - CC4/ASM18019634/K1hb3q2 ; 26/10/2018	Non-Reporting ltr (2nd):	
	CS/SMO18009949/K1rd3n2 ; 31/05/2018	Non-Reporting ltr (Final):	
	CS3/FCI18018097/Avd3s2 ; 02/10/2018	Notification ltr (if non-pickup):	
	NS/INC16019205/H1vbn2 ; 07/10/2016	Call OI:	
		After call ltr to OI:	
		Documentation Check List:	**Handler** / **Typist**
07/12/2021	TO CANCEL. NO SURVEY DONE	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:	