15/5/2010

INS. CASE OWNER: ANG Richard 6880 5450

CC4/ASM21005256/Kba3

LKK:

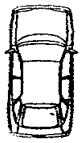
IDAC: 209485

ASSIGNMENT

Surveyor: KENNETH DOI: 30/04/2021 Date / Time : 28/04/2021

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SHB 2324Y Claim No. : S1M038WS

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

Insured Tel No. : HP: Make / Model :

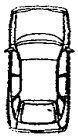
Excess Sec II :S$ D.O.A : 23/04/2021 18:40 Place of Accident : ALONG SWISS CLUB ROAD

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

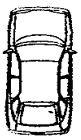
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

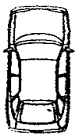
SKP 2731X →



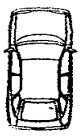
INSRS:
WSP: COMPLETE VMS
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SKP 2731X - X	**STAGE** **DATE / PIC**
	SHB 2324Y - CB/AIG09008589/q1 ; 27/08/2004	Non-Reporting ltr (1st):
	CS/FCI17021625/M1qbn2 ; 09/11/2017	Non-Reporting ltr (2nd):
	CS/INC08033090/Kce1 ; 17/12/2008	Non-Reporting ltr (Final):
	NA/INC08032966/sr ; 17/12/2008	Notification ltr (if non-pickup):
	NA/INC19020970/z4 ; 23/11/2019	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:
PRELIMINARY ADVICE	Date/Time: Sent By:	Post-Repair Photos:
		Others:

FINALIZATION	Date/Time:	Confirm with:	Confirm by: KSC
Repair Cost: L/S	S$ 1,250.00 (1 days)	Reduction: 10 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 08.11.21	Confirm with DARREN	Email ☐ Call ☐
Final Liability: 100	% 80 (Agreed / Assessed)	BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost: w/GST: $1,337.50	S$ 1,070.00		
Loss of Rental (LOR): -	S$ - (days)		
Loss of Use (LOU): $120.00	S$ 96.00 ($ 60 x 2 days)		
Loss of Income (LOI): -	S$ - ($ x days)		
LOR only ☐ LOU only ☑	LOR + LOU ☐ LOR + LOI ☐	[**Tick only one**]	
GIA/LTA Search $7.45	S$ 7.45		
Medical: -	S$ -		1) Claim status: Normal/~~Reject/Private Settle~~
Disbursement: -	S$ -	(e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost -	S$ -		3) Survey fee: $350
Total: $1,464.95	**S$** 1,173.45	**Global Sum S$:** 1,170.00	

FINAL PAYMENT	Date/Time: 08.11.21	Confirm with: DARREN	Email ☐ Call ☐
Payee 1:	S$ 1,170.00	Name 1:	COMPLETE VMS PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	