

INS. CASE OWNER:

CC4/ASM21007819/T1gs3

LKK:

IDAC:

## ASSIGNMENT

Surveyor:

Taufikh

DOI:

22/07/2021

Date / Time : 21/07/2021

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SHB 2318R

Claim No. : \_\_\_\_\_

Name of Insured : CITYCAB PTE LTD

Policy No. : \_\_\_\_\_

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

Make / Model : \_\_\_\_\_

Excess Sec II : S\$ \_\_\_\_\_ D.O.A : 09/07/2021

Place of Accident : \_\_\_\_\_

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

SLP 8430M

INSRS:  
WSP: AP AUTOMOTIVE  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time | STAGE  | DATE / PIC               |
|------------|--|--------------------------|
|            | SLP 8430M : X  |                          |
|            | SHB 2318R : CC4/AXA16001049/H1wb3q2 ; DOA : 14/01/2016   |                          |
|            | 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)   | <input type="checkbox"/> |
|            | After call ltr to OI:  | <input type="checkbox"/> |
|            | Authorisation To Act:  | <input type="checkbox"/> |
|            | Release Voucher:   | <input type="checkbox"/> |
|            | Final Repair Bill:   | <input type="checkbox"/> |
|            | Car Rental Invoice:  | <input type="checkbox"/> |
|            | Towing Invoice   | <input type="checkbox"/> |
|            | LTA / GIA :  | <input type="checkbox"/> |
| 19/10/2021 | REJECTION EMAIL TO TP - BASED ON TP VIDEO, TO CLAIM AGAINST SLG 2938B INSTEAD. MR YEW TO CHOP + SIGN |                          |
|            | * AXA INSTRUCT REJECTION   |                          |
|            | Medical Bill:  | <input type="checkbox"/> |
|            | PIR:   | <input type="checkbox"/> |
|            | Mandate/Reject Instruction:  | <input type="checkbox"/> |
|            | LOD  | <input type="checkbox"/> |
|            | Payment Breakdown Form:  | <input type="checkbox"/> |
|            | Post-Repair Photos:  | <input type="checkbox"/> |
|            | Others:  | <input type="checkbox"/> |

| PRELIMINARY ADVICE   |                              | Date/Time:                         | Sent By:                  |
|--|------------------------------|------------------------------------|---------------------------|
| FINALIZATION   |                              | Date/Time:                         | Confirm with:             |
| Repair Cost: L/S   | S\$ \$9,050.00               | ( 7 days) Reduction: \$12,816.00   | % 59                      |
| FINAL SETTLEMENT   |                              | Date/Time:                         | Confirm with:             |
| Final Liability:   | % 0                          | (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 <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LC <input type="checkbox"/> | [Tick only one]              |                                    |                           |
| GIA/LTA Search   | S\$                          |                                    |                           |
| Medical:   | S\$                          |                                    |                           |
| Disbursement:  | S\$ (e.g. Tow/ Independent ) |                                    |                           |
| Legal Cost   | S\$                          |                                    |                           |
| Total:   | S\$                          | Global Sum S\$:                    |                           |
| FINAL PAYMENT  |                              | Date/Time:                         | Confirm with:             |
| Payee 1:   | S\$                          | Name 1:                            |                           |
| Payee 2: (Strike if N.A.)  | S\$                          | Name 2:                            |                           |
| Payee 3: (Strike if N.A.)  | S\$                          | Name 3:                            |                           |