15/5/2010

INS. CASE OWNER: CC4/ASM21009035/Ags3

LKK:

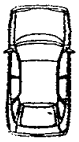
IDAC:

ASSIGNMENT

Surveyor: Adrian DOI: 30/08/2021 Date / Time : 27/08/2021

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SHA 8517Z Claim No. :

Name of Insured : CITYCAB PTE LTD Policy No. :

Insured Tel No. : HP: Make / Model :

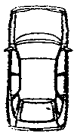
Excess Sec II :S$ D.O.A : 26/08/2021 Place of Accident : BLK 27 PASIR RIS ST 72 (WHITE WATER CONDO DRIVE WAY)

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

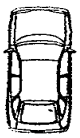
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

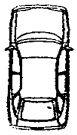
SMV 8383Y → → → →



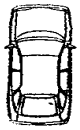
INSRS:
WSP: TWINCAR
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SMV 8383Y : X	**STAGE** **DATE / PIC**
	SHA 8517Z : CC6/FCI20006170/R1da3q2 ; DOA : 30/05/2020	Non-Reporting ltr (1st):
		Non-Reporting ltr (2nd):
		Non-Reporting ltr (Final):
		Notification ltr (if non-pickup):
	CLAIMANT: GLEN YEOW JUN HUNG	Call OI:
		After call ltr to OI:
		Documentation Check List: Handler Typist
	TPV: HONDA VEZEL - 1496cc	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: L/S	S$ $2,700.00 (4 days)	Reduction: $4,256.72 % 61	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 01/03/2022	Confirm with MELODY	Email ☑ Cal ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 2,889.00	W/GST	
Loss of Rental (LOR):	S$ (days)		OID MAKING TURN AND COLLIDED ONTO TP WHO IS TRAVELLING STRIAGHT
Loss of Use (LOU):	S$ 250.00 ($ 50.00x 5 days)		
Loss of Income (LOI):	S$ ☑ ($ x days)		
LOR only ☐ LOU only ☑	LOR + LOU ☐	LOR + LO ☐ [**Tick only one**]	
GIA/LTA Search	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: $350.00
Total:	**S$** 3,146.45	**Global Sum S$:** 3,100.00	

FINAL PAYMENT	Date/Time:	Confirm with:		Email ☑ Cal ☐
Payee 1:	S$ 3,100.00	Name 1:	TWINCAR AUTOMOTIVE PTE LTD	
Payee 2: (Strike if N.A.)	S$	Name 2:		
Payee 3: (Strike if N.A.)	S$	Name 3:		