15/5/2010

INS. CASE OWNER: TEO Kitty | CS3/ASM21009423Ara3 | LKK: IDAC: 227476

ASSIGNMENT

Surveyor: ADRIAN DOI: 09/09/2021 Date / Time : 07/09/2021

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : SHC 4D Claim No. : S1M03GUX

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

Insured Tel No. : HP: Make / Model : Hyundai I40

Excess Sec II :S$ D.O.A : 29/08/2021 04:50 Place of Accident : Woodlands Centre Rd, Singapore

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

If **NO**, Driver Name / Age : KAMALDIN S/O MAHAMED OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

FBM 8431U → → →

INSRS: WSP: A.S. PHOON PTE LTD Tel : Liability : RMKS:

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Date/ Time	
	FBM 8431U - CS/CTI19016482/Utf3n2 ; 04.09.2019
	SHC 4D - CC3/AXA12023133/H1v1dc3 ; 24/11/2012
	CC3/AXA13016988/Yem3c3 ; 10/09/2013
	CC4/FCI19021950/Uda3s2 ; 02/12/2019
	CS/FCI11011848/M1qk3 ; 19/07/2010
	CS3/FCI13003844/Cvd1 ; 23/02/2013
	NA/CTI19021331/z4 ; 02/12/2019
	NA/INC14002296/e1 ; 05/02/2014
	NS/INC13011403/H1vn ; 23/06/2013
	NS/INC14002564/H1cbc3 ; 05/02/2014
14.10.2021	PLEASE REFER TO VIEW FOR MORE DETAILS
	*SUBMIT PRI AS PER AXA INSTRUCTIONS

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: REPAIR RANGE S$ 2,500 - 3 ,000 (4 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~~ PRI
Disbursement:	S$ (e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S$	3) Survey fee: 100.00
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:	