15/5/2010

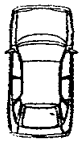
INS. CASE OWNER: ANG Yvonne | CC4/ASM21009495/T1pa3 | LKK: IDAC: 227808

ASSIGNMENT

Surveyor: TAUFIKH DOI: 09/09/2021 Date / Time : 09/09/2021

Registered in Merimen: ——

Pre-assign / CCU / FTE



Insured Vehicle No. : SHB 4776M Claim No. : S1M03HI4

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

Insured Tel No. : HP: Make / Model :

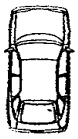
Excess Sec II :S$ D.O.A : 06/09/2021 22:30 Place of Accident :

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

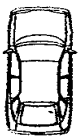
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

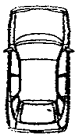
SNB 6285D → → →



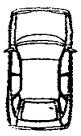
INSRS:
WSP: Teamwork Garage Pte Ltd
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SNB 6285D - NA/LIP21009427/r3 ; 06.09.2021	**STAGE** **DATE / PIC**
	SHB 4776M - CC3/AIG10002477/Fjq2 ; 01/02/2010	Non-Reporting ltr (1st):
	CC3/AXA13008610/Gv1b3c3 ; 09/05/2013	Non-Reporting ltr (2nd):
	CC3/FCI20005250/Kga3q2 ; 14/04/2020	Non-Reporting ltr (Final):
	CS/ASM21009495/T1qc ; 06/09/2021	Notification ltr (if non-pickup):
	CS/INC09010438/Yn ; 09/05/2009	Call OI:
	NA/LIP21009427/r3 ; 06/09/2021	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:
Repair Cost: L/sum	S$ 2,800.00 (3 days) Reduction: 68 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 16/03/2022	Confirm with Shu Shan	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 2,996.00		
Loss of Rental (LOR):	S$ (days)		
Loss of Use (LOU):	S$ 250.00 ($50 x 5 days)		
Loss of Income (LOI):	S$ ($ x days)		
LOR only ☐ LOU only ☑ LOR + LOU ☐ LOR + LOI ☐ [**Tick only one**]			
GIA/LTA Search	S$ 36.45		
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: $350.00
Total:	**S$** 3,282.45	**Global Sum S$:** 3,000.00	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐
Payee 1:	S$ 3,000.00	Name 1:	Teamwork Garage Pte Ltd
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	