15/5/2010

INS. CASE OWNER: LOH Cynthia | CC4/ASM21009944/Bpa3 | LKK: IDAC: 229666

ASSIGNMENT

Surveyor: LIM DOI: 23/09/2021 Date / Time : 23/9/2021

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : SHB 4569U Claim No. : S1M03ILR

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

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 22/09/2021 13:30 Place of Accident : Scotts Rd, Singapore

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**

SMP 9755H → → →

INSRS: Team AutoPro Pte Ltd	INSRS:	INSRS:	INSRS:
WSP:	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability:	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time		STAGE	DATE / PIC
	SMP 9755H - X	Non-Reporting ltr (1st):	
	SHB 4569U - CC3/AIG11000638/Dn1g2y; 06/01/2011	Non-Reporting ltr (2nd):	
	CC3/AXA10025430/R1ab3k2; 14/12/2010	Non-Reporting ltr (Final):	
	CC3/AXA13014167/M1rm3c3; 02/08/2013	Notification ltr (if non-pickup):	
	~~CS/QW08028270/Kch; 09/10/2008~~	Call OI:	
	~~CS3/FCI17020180/Sbs2; 14/10/2017~~	After call ltr to OI:	
	NS/INC09024698/Fh; 31/10/2009	**Documentation Check List:**	**Handler / Typist**
	~~NS/INC10011829/Fg1; 16/06/2010~~	Notification ltr (if non-pickup)	
	~~NS/INC12006595/H1qn; 30/03/2012~~	After call ltr to OI:	
24/02/2022	Pls refer to VIEWS for details.	Authorisation To Act:	
		Release Voucher:	
	* TP informed that case has been settled thru	Final Repair Bill:	
	lawyer(PD & BI combine as per AXA request.)	Car Rental Invoice:	
		Towing Invoice	
	* Submit WP report to AXA	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: RS	S$ 10,299.00 (11 days) Reduction: 59 %		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~~/WP
Disbursement:	S$ (e.g. Tow/ Independent)		2) Report Format: TP
Legal Cost	S$		3) Survey fee: $250.00
Total:	**S$**	**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:	