15/5/2010

INS. CASE OWNER: NG Stacey 6568804351

CC4/ASM22002095/Uga3

LKK:

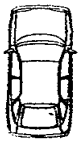
IDAC: 252234

ASSIGNMENT

Surveyor: MARCUS DOI: 07/03/2022 Date / Time : 07/03/2022

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 267L Claim No. : S2M03UZP

Name of Insured : CITYCAB PTE LTD Policy No. : P2465703

Insured Tel No. : HP: Make / Model :

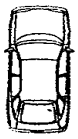
Excess Sec II :S$ D.O.A : 07.03.2022 Place of Accident :

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

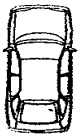
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

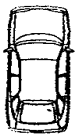
SCK 238M → → →



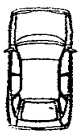
INSRS:
WSP: FASTECH
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SCK 238M - X		
	SHC 267L - CC3/AIG12019543/H1a2t2w2; 04/10/2012	Non-Reporting ltr (1st):	
	CC4/LPC18013221/Dhb3s2; 19/07/2018	Non-Reporting ltr (2nd):	
	NA/INC09028469/r ; 19/12/2009	Non-Reporting ltr (Final):	
	NBA/INC15019777/e1; 20/11/2015	Notification ltr (if non-pickup):	
	NJA/INC08016948/T1y1; 09/06/2008	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 :	
	TPV: TOYOTA HARRIER - 1986cc	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: LS	S$ $9,800.00 (5 days) Reduction: $25,515.40 % 72		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 19/07/2022	Confirm with SHI YING	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 9		If NO or B 28, Ass. Lia :
Repair Cost:	S$ 10,486.00 W/GST		
Loss of Rental (LOR):	S$ 480.00 (4 days) x $120.00		
Loss of Use (LOU):	S$ ($ 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
Disbursement:	S$ (e.g. Tow/ Independent)		2) Report Format: TP
Legal Cost	S$		3) Survey fee: $350.00
Total:	**S$** 10,966.00	**Global Sum S$:**	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐

Payee 1:	S$ 10,966.00	Name 1:	FASTECH AUTO PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	