15/5/2010

INS. CASE OWNER: TEO Kitty

CC4/ASM22002564/Uea3

LKK:

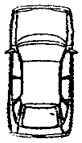
IDAC: 254208

ASSIGNMENT

Surveyor: MARCUS DOI: 21/3/22 Date / Time : 21/3/22

Registered in Merimen: ——

Pre-assign / CCU / FTE



Insured Vehicle No. : SHD 8534H Claim No. : S2M03VUH

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

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

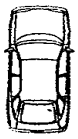
Excess Sec II :S$ D.O.A : 15/03/2022 22:35 Place of Accident : Jln Jurong Kechil, Singapore

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

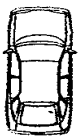
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

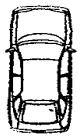
SMW 41G → → →



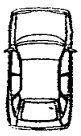
INSRS:
WSP: ZOOM AUTOWERKS PTE LTD
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SMW 41G - NBA/CTI22002501/Y ; 15.3.22 SHD 8534H - NA/INC21001105/h4; 23/01/2021 NBA/CTI22002501/Y ; 15/03/2022	**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: CKS
Repair Cost: L/S	S$ 21,900.00 (7 days)	Reduction: 54 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 29.06.22	Confirm with ELIN	Email ☐ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 21,900.00	OI REAR ENDED TP	
Loss of Rental (LOR):	S$ 5,880.00 (42 days)	X $140	
Loss of Use (LOU):	S$ - ($ x days)		
Loss of Income (LOI):	S$ - ($ x days)		
LOR only ☑ LOU only ☐	LOR + LOU ☐	LOR + LOI ☐ [**Tick only one**]	
GIA/LTA Search	S$ 7.45		
Medical:	S$ -		1) Claim status: Normal/~~Reject/Private Settle~~
Disbursement:	S$ 180.00	(e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S$ -		3) Survey fee: $350
Total:	**S$** 27,967.45	**Global Sum S$:** 27,960.00	

FINAL PAYMENT	Date/Time: 29.06.22	Confirm with: ELIN	Email ☐ Call ☐
Payee 1:	S$ 27,960.00	Name 1:	ZOOM AUTOWERKS PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	