15/5/2010

INS. CASE OWNER: LOH Cynthia | CC4/ASM22005364/Aga3 | LKK: IDAC: 263867

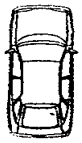
ASSIGNMENT

Surveyor: ADRIAN DOI: 01/6/22 Date / Time : 2/6/22

*** LKK SURVEY BEFORE AXA GV ASSIGNMENT

Registered in Merimen: ——

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 376E Claim No. : S2M042EY

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

Insured Tel No. : HP: Make / Model : Toyota Prius

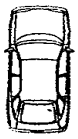
Excess Sec II :S$ D.O.A : 26/05/2022 21:46 Place of Accident : BRAS BASAH ROAD JUNCTION NTH BRIDGE ROAD.

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

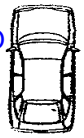
If **NO**, Driver Name / Age : SHAFIQ ABDULLAH LOW @ LOW SWEE MENG OMDA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

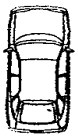
SMU 8798P →



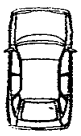
INSRS:
WSP: ADVANCE AUTO
Tel : GARAGE
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
SMU 8798P - X		Non-Reporting ltr (1st):	
SHC 376E - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By		Non-Reporting ltr (2nd):	
	CC3/AIG12012324/H1z3t2w2 12/06/2013 SHC 376E SGT 2923K 21/06/2012 13/06/2013 SBS	Non-Reporting ltr (Final):	
	CC3/AXA11013720/H1q1c3q2 04/11/2011 SHC 376E SFH 164Y 08/07/2011 15/11/2011 TKF	Notification ltr (if non-pickup):	
	CS3/ASM21002591/Gqf3e2 01/04/2021 FBP 6287S SHC 376E 07/02/2021 06/04/2021 LST	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:	S$	(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	
Disbursement:	S$		(e.g. Tow/ Independent)	2) Report Format:	
Legal Cost	S$			3) Survey fee:	
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:		