15/5/2010

INS. CASE OWNER: LOH Cynthia

LKK:

IDAC: 263867

ASSIGNMENT

Surveyor: ADRIAN

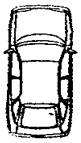
DOI: 01/6/22

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 :

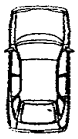
If **NO**, Driver Name / Age : SHAFIQ ABDULLAH LOW @ LOW SWEE MENG

CMIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

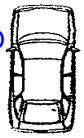
Driver Tel No. : (V/L: YES / NO)

Insured Liability : % **Final ? Yes / No**

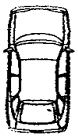
SMU 8798P → → →



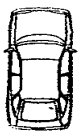
INSRS:
WSP: ADVANCE AUTO
Tel : GARAGE
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
SMU 8798P - X			
SHC 376E - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By			
	CC3/AIG12012324/H1z3t2w2 12/06/2013 SHC 376E SGT 2923K 21/06/2012 13/06/2013 SBS		
	CC3/AXA11013720/H1q1c3q2 04/11/2011 SHC 376E SFH 164Y 08/07/2011 15/11/2011 TKF		
	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: L/SUM S$ 5,500.00 (6 days) Reduction: 52 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 31/07/2023 Confirm with Xavier Email ☑ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 5,500.00	
Loss of Rental (LOR):	S$ (days)	
Loss of Use (LOU):	S$ 480.00 ($ 60 x 8 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: $350.00
Total:	**S$** 5,980.00 **Global Sum S$:**	

FINAL PAYMENT Date/Time: Confirm with: Email ☐ Call ☐

Payee 1:	S$ 5,980.00	Name 1:	ADVANCE AUTO GARAGE
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	