15/5/2010

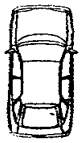
INS. CASE OWNER: LOH Cynthia | CC4/ASM22005432/Kea3 | LKK: IDAC: 264807

ASSIGNMENT

Surveyor: KENNETH DOI: _____ Date / Time : 08/06/2022

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 394C Claim No. : S2M043EW

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

Insured Tel No. : _____ HP: _____ Make / Model : _____

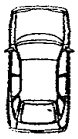
Excess Sec II :S$ _____ D.O.A : 05/06/2022 02:45 Place of Accident : Penang Rd, Singapore

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

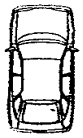
If **NO**, Driver Name / Age : TAN TECK BAN OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

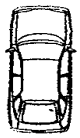
SLV 5091X → _____ → _____ → _____



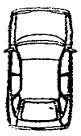
INSRS:
WSP: Autoworx
Tel : House
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
SLV 5091X -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By NS/INC22006058/Kc 24/06/2022 SHC 394C SLV 5091X 05/06/2022 FWL
SHC 394C -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By CC3/CTI22002606/Vga3q2 28/06/2022 SHC 394C SKL 4858Y 12/03/2022 HMK
	CC4/FCI20000185/Uka3q2 01/09/2020 SJE 4265G SHC 394C 30/12/2019 03/09/2020 HMK
	CS/FCI20010282/Kqd3e2 08/10/2020 GBF 5186J SHC 394C 20/09/2020 12/10/2020 NVT
	CS/QW08033454/Rfe1 02/01/2009 SHC 394C 14/12/2008 31/12/2008 LPY
	CS/TMI15007065/H1qy3d1 22/05/2015 SHC 394C SGS 3298E 24/04/2015 28/05/2015 KKS
	CS/TMI20010150/T1yf3e2 29/09/2020 SHC 394C GBF 5186J 20/09/2020 30/09/2020 LST
	CS3/FCI17010209/Gcbs2 22/11/2018 SKA 6277T SHC 394C 20/05/2017 26/11/2018 CK
	NS/INC22006058/Kc 24/06/2022 SHC 394C SLV 5091X 05/06/2022 FWL

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:
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:	