

INS. CASE OWNER:

ASSIGNMENT

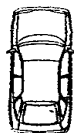
Surveyor: _____ DOI: _____ Date / Time : 13/06/2022
Registered in Merimen: _____

Pre-assign / CCU / FTE

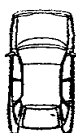
Insured Vehicle No. : SHC 7295J Claim No. : S2M043X2
Name of Insured : CITYCAB PTE LTD Policy No. : P2465703
Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II :\$ D.O.A : 10/06/2022 21:30 Place of Accident : Jln Bahagia, Singapore
Is driver the owner? (YES / NO) Nature of Accident : _____

If NO, Driver Name / Age : CHEW NGAN HWEE OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
Driver Tel No. : _____ (V/L: YES / NO) Insured Liability : % Final ? Yes / No

SHC 7295L → SFX 97Z → SKC 6698B -> SKV 367X → SKM 4049K -> SLB 2685K



INSRS:
WSP:
Tel :
Liability : OI
RMKS:



INSRS:
WSP: Automotive
Tel : Repair
Liability : Centre Pte Ltd
RMKS: TP



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	Customer Name	Vehicle No.	TP Vehicle No.	Accident Date	Close Date	Case Created By	DATE / PIC
SFX 97Z - Reference Entry	CC4/AIG19002630/Anh3q2	01/07/2019	SFX 97Z SGX 3434C	17/01/2019	02/07/2019	LSP	Non-Reporting ltr (1st):
SHC 7295J - Reference Entry	NA/LPC19006602/Y	13/04/2019	SANJAY S/O JEGATHEESAN	GBD 5523E	SHC 7295J	17/04/2019	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: L/SUM	S\$ 15,900.00	(14 days)	Reduction: 62 %		Email ☒	Call ☐	
FINAL SETTLEMENT	Date/Time: 29/06/2023		Confirm with: Shu Juan		Email ☒	Call ☐	
Final Liability:	% 100	(Agreed / Assessed)	BOLA S/N No. : 28		If NO or B 28, Ass. Lia : 100		
Repair Cost: 7%GST	S\$ 15,943.00	(AS PER HSBC MANDATE)					
Loss of Rental (LOR):	S\$	(days)					
Loss of Use (LOU):	S\$ 1,000.00	(\$ 50 x 20 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\$						
Disbursement:	S\$ 50.00	(e.g. Tow/Independent)					
Legal Cost	S\$						
Total:	S\$ 16,993.00		Global Sum S\$:				
FINAL PAYMENT	Date/Time:		Confirm with:		Email ☐	Call ☐	
Payee 1:	S\$ 16,993.00		Name 1:	AUTOMOTIVE REPAIR CENTRE PTE LTD			
Payee 2: (Strike if N.A.)	S\$		Name 2:				
Payee 3: (Strike if N.A.)	S\$		Name 3:				