15/5/2010

INS. CASE OWNER: LOH Cynthia

CC4/ASM22005586/ea3

LKK:

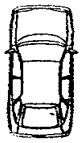
IDAC: 265605

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 13.06.2022

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SHA 9520G

Claim No. : S2M0427K

Name of Insured : CITYCAB PTE LTD

Policy No. : P2465703

Insured Tel No. : _____ HP: _____

Make / Model : HYUNDAI I40

Excess Sec II :S$ _____ D.O.A : 24/05/2022 13:30

Place of Accident : PRINCESS OF WALES ROAD

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

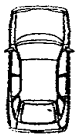
If **NO**, Driver Name / Age : HANAFI BIN ABDUL HAMID

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

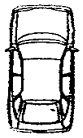
Driver Tel No. : (V/L: YES / NO)

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

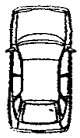
SGY 2340R → _____ → _____ → _____



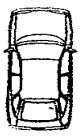
INSRS:
WSP: AUBURN AUTO
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
SGY 2340R - X		Non-Reporting ltr (1st):	
SHA 9520G -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By	Non-Reporting ltr (2nd):	
	CC4/FCI19021778/Kda3q2 03/03/2020 SHD 438E SHA 9520G 04/12/2019 10/03/2020 STU	Non-Reporting ltr (Final):	
	CS/FCI14013735/Ugbd1 08/08/2014 SFU 8143L SHA 9520G 18/07/2014 11/08/2014 CKL	Notification ltr (if non-pickup):	
	NA/EQI15009286/d2 04/06/2015 MUHAMMAD SHAFIZ BIN SHABUDIN FBE 1401U SHA 9520G 28/05/2015 05/06/2015 NLS	Call OI:	
	NS/INC13019090/H1tby 21/10/2013 SHA 9520G GP 4814A 11/10/2013 23/10/2013 CKL	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:	