15/5/2010

INS. CASE OWNER: LOH Cynthia

CC4/ASM22005586/Kpa3

LKK:

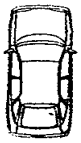
IDAC: 265605

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 13.06.2022

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SHA 9520G

Name of Insured : CITYCAB PTE LTD

Insured Tel No. : _____ HP: _____

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

Is driver the owner? (YES / NO)

Claim No. : S2M0427K

Policy No. : P2465703

Make / Model : HYUNDAI I40

Place of Accident : PRINCESS OF WALES ROAD

Nature of Accident : _____

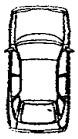
If **NO**, Driver Name / Age : HANAFI BIN ABDUL HAMID

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

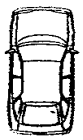
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

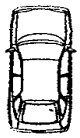
SGY 2340R → _____ → _____ → _____



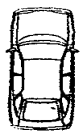
INSRS:
WSP: AUBURN AUTO
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
SGY 2340R - X	
SHA 9520G -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
	CC4/FCI19021778/Kda3q2 03/03/2020 SHD 438E SHA 9520G 04/12/2019 10/03/2020 STU
	CS/FCI14013735/Ugbd1 08/08/2014 SFU 8143L SHA 9520G 18/07/2014 11/08/2014 CKL
	NA/EQI15009286/d2 04/06/2015 MUHAMMAD SHAFIZ BIN SHABUDIN FBE 1401U SHA 9520G 28/05/2015 05/06/2015 NLS
	NS/INC13019090/H1tby 21/10/2013 SHA 9520G GP 4814A 11/10/2013 23/10/2013 CKL

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: L/SUM S$ 2,550.00 (5 days) Reduction: 77 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 22/06/2023 Confirm with Hui Qin Email ☑ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 8	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 2,550.00	
Loss of Rental (LOR):	S$ (days)	
Loss of Use (LOU):	S$ 300.00 ($ 60 x 5 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: $350.00
Total:	**S$** 2,850.00 **Global Sum S$:**	

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

Payee 1:	S$ 2,850.00	Name 1:	AUBURN AUTO PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	