

INS. CASE OWNER:

ASSIGNMENT

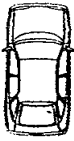
Surveyor:

KENNETH

DOI:

Date / Time : **05/07/2022**

Registered in Merimen:

Pre-assign / CCU / FTEInsured Vehicle No. : **SHB 3623C**Claim No. : **S2M045WB**Name of Insured : **CITYCAB PTE LTD**Policy No. : **P2465703**

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **04/07/2022 09:22**Place of Accident : **T-JUNCTION OF SIN MING DRIVE
AND SIN MING ROAD**

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

If **NO**, Driver Name / Age :

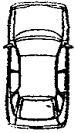
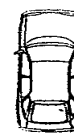
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

(V/L: YES / NO)

Insured Liability :

%

Final ? Yes / No**SKE 7781B**INSRS:
WSP: **Thiam Heng**
Tel : **Huat Pte Ltd**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
SKE 7781B - X		
SHB 3623C -		
Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Closed Date Reported By:	CS/FCI18010198/Uvbn2 03/08/2018 SBR 2448K SHB 3623C 27/05/2018 03/08/2018 CKL	
CS/FCI19003626/Kqd3e2 10/07/2019 SLP 3002Z SHB 3623C 23/02/2019 11/07/2019 CKL	Non-Reporting ltr (2nd):	
NA/TMI21006226/V 31/05/2021 MOCK WAI HOONG SLS 3558X SHB 3623C 28/05/2021 02/06/2021 FTR	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:	☐
PRELIMINARY ADVICE Date/Time:	Sent By:	Post-Repair Photos: ☐
		Others: ☐
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:	