

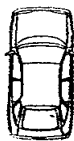
ASSIGNMENT

Surveyor: KENNETH

DOI: 06/07/2022

Date / Time : 05/07/2022

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured 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 :

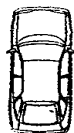
If **NO**, Driver Name / Age :

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

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

Insured Liability :	%	Final ? Yes / No
1. General Liability		
2. Professional Liability		
3. Directors and Officers Liability		
4. Employment Practices Liability		
5. Cyber Liability		
6. Umbrella Liability		
7. Commercial Auto Liability		
8. Watercraft Liability		
9. Aircraft Liability		
10. Marine Liability		
11. Construction Liability		
12. Boiler and Machinery Liability		
13. Pollution Liability		
14. Product Liability		
15. Contractual Liability		
16. Other		

SKE 7781B



INRS:
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			STAGE	
SHB 3623C -			DATE / PIC	
Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Closed Date			Report Generated By:	
CS/FCI18010198/Uvn2 03/08/2018 SBR 2448K SHB 3623C 27/05/2018 03/08/2018			Non-Reporting ltr (2nd):	
CS/FCI19003626/Kqd3e2 10/07/2019 SLP 3002Z SHB 3623C 23/02/2019 11/07/2019			Non-Reporting ltr (Final):	
NA/TMI21006226/V 31/05/2021 MOCK WAI HOONG SLS 3558X SHB 3623C 28/05/2021			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: L/SUM	S\$ 3,300.00	(2 days) Reduction: 74 %	Email	Call
FINAL SETTLEMENT	Date/Time: 27/02/2023	Confirm with STEVEN	Email	Call
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :	
Repair Cost: 7% GST	S\$ 3,531.00			
Loss of Rental (LOR):	S\$ 120.00	(1 days) x \$120.00		
Loss of Use (LOU):	S\$ (\$ x days)			
Loss of Income (LOI):	S\$ (\$ x days)			
LOR only	LOU only	LOR + LOU	[Tick only one]	
GIA/LTA Search	S\$ 7.45			
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\$ 3,658.45	Global Sum S\$:		
FINAL PAYMENT	Date/Time:	Confirm with:	Email	Call
Payee 1:	S\$ 3,658.45	Name 1:	Thiam Heng Huat Pte Ltd	
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		