

INS. CASE OWNER:

ASSIGNMENT

Surveyor: MARCUS DOI: 06/07/2022 Date / Time : 06/07/2022
Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SHA 90P Claim No. : S2M045VA
Name of Insured : CITYCAB PTE LTD Policy No. : P2465703
Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II :S\$ _____ D.O.A : 03.07.2022 22:00 Place of Accident : _____
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

SMR 469H



INSRS: **ZOOM**
WSP: **AUTOWERKS**
Tel : **PTE LTD**
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date	Created By	DATE / PIC
	SMR 469H - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date	NA/CT122006339/r3 04/07/2022 MUHAMMAD FIRDAUS BIN SELAMAT SMR 469H SHA 90P 03/07/2022	Non-Reporting Itr (1st):
	SHA 90P - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date	NA/CT122006339/r3 04/07/2022 MUHAMMAD FIRDAUS BIN SELAMAT SMR 469H SHA 90P 03/07/2022	Non-Reporting Itr (2nd):
			Non-Reporting Itr (Final):
			Notification Itr (if non-pickup):
			Call OI:
			After call Itr to OI:
			Documentation Check List: Handler Typist
			Notification Itr (if non-pickup) <input type="checkbox"/> <input type="checkbox"/>
			After call Itr to OI: <input type="checkbox"/> <input type="checkbox"/>
			Authorisation To Act: <input type="checkbox"/> <input type="checkbox"/>
			Release Voucher: <input type="checkbox"/> <input type="checkbox"/>
			Final Repair Bill: <input type="checkbox"/> <input type="checkbox"/>
			Car Rental Invoice: <input type="checkbox"/> <input type="checkbox"/>
			Towing Invoice <input type="checkbox"/> <input type="checkbox"/>
			LTA / GIA : <input type="checkbox"/> <input type="checkbox"/>
			Medical Bill: <input type="checkbox"/> <input type="checkbox"/>
			PIR: <input type="checkbox"/> <input type="checkbox"/>
			Mandate/Reject Instruction: <input type="checkbox"/> <input type="checkbox"/>
			LOD <input type="checkbox"/> <input type="checkbox"/>
			Payment Breakdown Form: <input type="checkbox"/> <input type="checkbox"/>
			Post-Repair Photos: <input type="checkbox"/> <input type="checkbox"/>
			Others: <input type="checkbox"/> <input type="checkbox"/>
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____		
FINALIZATION	Date/Time: _____ Confirm with: _____	Confirm by: _____	
Repair Cost: L/SUM	S\$ 2,000.00 (3 days) Reduction: 80 %	Email <input type="checkbox"/> Call <input type="checkbox"/>	
FINAL SETTLEMENT	Date/Time: 17/02/2023 Confirm with Elin	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ 2,000.00		
Loss of Rental (LOR):	S\$ 300.00 (3 days) X \$100		
Loss of Use (LOU):	S\$ (\$ x days)		
Loss of Income (LOI):	S\$ (\$ x days)		
LOR only <input checked="" type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]			
GIA/LTA Search	S\$ 7.45		
Medical:	S\$		
Disbursement:	S\$ (e.g. Tow/ Independent)	1) Claim status: Normal/Reject/Private Settle	
Legal Cost	S\$	2) Report Format: TP	
		3) Survey fee: \$350.00	
Total:	S\$ 2,307.45 Global Sum S\$:		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Payee 1:	S\$ 2,307.45 Name 1: Zoom Autowerks Pte Ltd		
Payee 2: (Strike if N.A.)	S\$ Name 2:		
Payee 3: (Strike if N.A.)	S\$ Name 3:		