15/5/2010

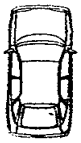
INS. CASE OWNER: TEO Kitty | CC4/ASM22007077/Uga3 | LKK: IDAC: 273426

ASSIGNMENT

Surveyor: MARCUS DOI: Date / Time : 26/07/20221

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SHA 9380T Claim No. : S2M047DP

Name of Insured : CITYCAB PTE LTD Policy No. : P2465703

Insured Tel No. : HP: Make / Model :

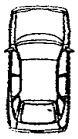
Excess Sec II :S$ D.O.A : 24/07/2022 Place of Accident :

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

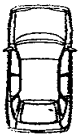
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

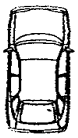
SLU 6884Z → → →



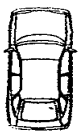
INSRS:
WSP: FASTECH
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
SLU 6884Z - X	
SHA 9380T -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Contact By
	CC3/FCI15001332/Kgbd1 26/01/2015 SHC 5215D SHA 9380T 03/11/2014 26/01/2015 CKL
	CC4/FCI20008698/Ara3q2 13/07/2021 SMM 4921T SHA 9380T 14/08/2020 14/07/2021 HMK
	CS/FCI18006220/Dtbs2 23/04/2018 SHA 9380T 04/03/2018 25/04/2018 CKL
	CS/TMI21009702/Nvf3n2 04/10/2021 SHA 9380T SLP 4811Z 15/09/2021 04/10/2021 LST
	NA/INC20008502/z4 15/08/2020 SAMBNANI MARICAR CLEMENTE SMM 4921T SHA 9380T 14/08/2020 19/08/2020 HZT
	NS/INC19014504/K1tf3n2 27/08/2019 SHA 9380T SKD 9939G 17/08/2019 27/08/2019 ATS

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:	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:	