15/5/2010

INS. CASE OWNER: LOH Cynthia

CC4/ASM22007703/Aga3

LKK:

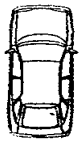
IDAC: 276615

ASSIGNMENT

Surveyor: ADRIAN DOI: 12/08/2022 Date / Time : 12/08/2022

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SHB 2139R Claim No. : S2M048R9

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

Insured Tel No. : HP: Make / Model :

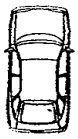
Excess Sec II :S$ D.O.A : 11.08.2022 06:45 Place of Accident :

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

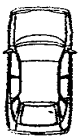
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

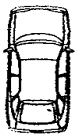
SLK 4528T → → →



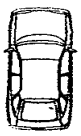
INSRS:
WSP: JL PERFECT AUTOWORK PTE LTD
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
SLK 4528T -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
	CC4/ASM22000821/Aga3 24/01/2022 SLK 4528T SLH 652J 22/01/2022 HMK
SHB 2139R -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
	CC3/AIG14009877/H1ja3n2 14/08/2015 SHB 2139R SGD 169T 22/05/2014 19/08/2015 HMK
	~~CC3/AIG14009877/H1pa3q2-1 04/06/2018 SHB 2139R SGD 169T 22/05/2014 04/06/2018 CHT~~
	~~CS/FCI14010008/Rvm3d1 19/06/2014 SGD 169T SHB 2139R 22/05/2014 20/06/2014 BPL~~
	CS3/FCI14023011/R1vj3d1 28/12/2014 SGZ 2989P SHB 2139R 09/12/2014 30/12/2014 KAT
	NA/CAI14022874/r3 09/12/2014 ONG YEW TECK SGZ 2989P SHB 2139R 09/12/2014 12/12/2014 RBW
	~~NA/INC14006766/m2 10/04/2014 ZHANG CAIHONG GW 8337Y SHB 2139R 10/04/2014 23/04/2014 NRM~~
	NA/LIP19016780/z4 23/09/2019 MOHAMED SAID BIN AHMAD SLG 5219A SHB 2139R 23/09/2019 27/09/2019 HZT
	NS/INC12019567/H1vn 24/10/2012 SHB 2139R SGJ 145E 06/10/2012 30/10/2012 CMJ
	~~NS/INC14006867/Svm3d1 23/04/2014 SHB 2139R GW 8337Y 10/04/2014 23/04/2014 BPL~~
	NS/INC14016512/H1vm3d1 04/09/2014 SHB 2139R YJ 3892Z 27/08/2014 04/09/2014 BPL
	NS/INC18007581/K1vbn2 07/05/2018 SHB 2139R YP 2077K 24/04/2018 07/05/2018 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:	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:	