15/5/2010

INS. CASE OWNER:

CC4/ASM22007813/Aea3

LKK:

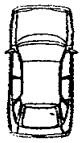
IDAC: 276988

ASSIGNMENT

Surveyor: ADRIAN DOI: Date / Time : 16/08/2022

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SHA 807P Claim No. : S2M048XT

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

Insured Tel No. : HP: Make / Model :

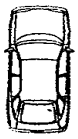
Excess Sec II :S$ D.O.A : 15/08/2022 15:35 Place of Accident :

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

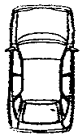
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

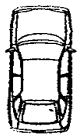
SNC 8761C → → →



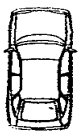
INSRS:
WSP: HD Perfect Autowork
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
SNC 8761C - X	
SHA 807P - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By	
~~CC3/AIG13000523/H1g2a3q2 18/02/2013 SHA 807P SGL 1847X 05/01/2013 18/02/2013 HMK~~	
~~CC3/AIG14004897/H1ha3q2 16/04/2014 SHA 807P SGG 2589K 12/03/2014 21/04/2014 HMK~~	
~~CC3/AXA12017451/H1hdq2 10/10/2012 SHA 807P SJZ 5662B 06/09/2012 12/10/2012 CXC~~	
~~CC3/CTI19022092/Fea3n2 19/02/2020 SHA 807P GU 9541C 12/12/2019 20/02/2020 LSP~~	
~~NS/INC21009239/Vqcn2 10/09/2021 SHA 807P SLC 6271L 27/08/2021 10/09/2021 FWL~~	

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:	