15/5/2010

INS. CASE OWNER: LOW Garnet

CC4/ASM22007819/Aga3

LKK:
IDAC: 277258

ASSIGNMENT

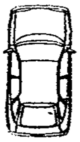
Surveyor: ADRIAN

DOI: 16/08/2022

Date / Time : 16/08/2022

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SHB 3142Z

Name of Insured : CITYCAB PTE LTD

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 13.08.2022

Is driver the owner? (YES / NO)

Nature of Accident :

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

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

Claim No. : S2M048XY

Policy No. : P2465703

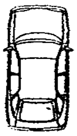
Make / Model :

Place of Accident :

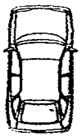
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No**

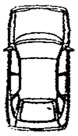
SMJ 7598P →



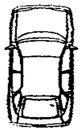
INSRS:
WSP: N-51
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
SMJ 7598P - X	
SHB 3142Z -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
	CC3/AXA11005115/H1q1a3q2 07/08/2011 SHB 3142Z PA 5610L 17/08/2011 18/08/2011 HMK
	CC3/AXA13001918/H1hf3y 09/04/2013 SHB 3142Z GX 517S 27/01/2013 11/04/2013 TJT
	CS/FCI16024678/h3XX 28/12/2016 SGS 1511C SHB 3142Z 21/12/2016 02/03/2017 CCY
	CS/TMI16024400/H1qh3n2 30/12/2016 SHB 3142Z SGS 1511C 21/12/2016 30/12/2016 CCY
	CS3/FCI15021969/Gqh3c2 29/12/2015 SJR 2772D SHB 3142Z 19/12/2015 05/01/2016 CCY
	NA/INC15021795/r3 21/12/2015 LAM YEE SHEN SJR 2772D SHB 3142Z 19/12/2015 29/12/2015 RBW

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:	