

INS. CASE OWNER:

ASSIGNMENT

Surveyor: **ADRIAN** DOI: **16/08/2022** Date / Time : **16/08/2022**
Registered in Merimen: _____

Pre-assign / CCU / FTE

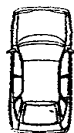
Insured Vehicle No. : **SHB 3142Z** Claim No. : **S2M048XY**
Name of Insured : **CITYCAB PTE LTD** Policy No. : **P2465703**
Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II :S\$ _____ D.O.A : **13.08.2022** Place of Accident : _____
Is driver the owner? (YES / NO) Nature of Accident : _____

If NO, Driver Name / Age :

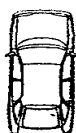
Driver Tel No. :

(V/L: YES / NO)

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		STAGE	DATE / PIC
SMJ 7598P - X			
SHB 3142Z - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Assigned Date Case Date Created By			
CC3/AXA11005115/H1q1a3q2 07/08/2011 SHB 3142Z PA 5610L 17/08/2011 08/08/2011 HMK			
CC3/AXA13001918/H1hf3y 09/04/2013 SHB 3142Z GX 517S 27/01/2013 11/04/2013 TJT			
CS/FC116024678/h3XX 28/12/2016 SGS 1511C SHB 3142Z 21/12/2016 16/01/2017 CCY			
CS/TMI16024400/H1qh3n2 30/12/2016 SHB 3142Z SGS 1511C 21/01/2016 30/12/2016 CCY			
CS3/FC115021969/Gqh3c2 29/12/2015 SJR 2772D SHB 3142Z 19/12/2015 05/01/2016 CCY			
NA/INC15021795/f3 21/12/2015 LAM YEE SHEN SJR 2772D SHB 3142Z 19/12/2015 29/12/2015 HBM			
		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:	☐
PRELIMINARY ADVICE Date/Time:	Sent By:	Post-Repair Photos:	☐
		Others:	☐
FINALIZATION Date/Time:	Confirm with:	Confirm by:	
Repair Cost: L/SUM S\$ 3,800.00 (7 days) Reduction: 51 %		Email ☒ Call ☐	
FINAL SETTLEMENT Date/Time: 13/01/2023 Confirm with Hui Xin		Email ☒ Call ☐	
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27		If NO or B 28, Ass. Lia :	
Repair Cost: w/GST S\$ 4,066.00			
Loss of Rental (LOR): S\$ 500.00 (5 days) X \$100			
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\$ 7.45			
Medical: S\$		1) Claim status: Normal/Reject/Private Settle	
Disbursement: S\$ 100.00 (e.g. Tow/ Independent)		2) Report Format: TP	
Legal Cost S\$		3) Survey fee: \$350.00	
Total: S\$ 4,673.45 Global Sum S\$: 4,600.00			
FINAL PAYMENT Date/Time:	Confirm with:	Email ☒ Call ☐	
Payee 1: S\$ 4,600.00 Name 1: N-51 AUTOMOTIVE PTE LTD			
Payee 2: (Strike if N.A.) S\$ Name 2:			
Payee 3: (Strike if N.A.) S\$ Name 3:			