15/5/2010

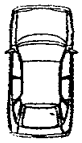
INS. CASE OWNER: OH Vale | CC4/ASM22008233/ea3 | LKK: IDAC: 278872

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 25/08/2022

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SHA 9316E | Claim No. : S2M049N3

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

Insured Tel No. : _____ HP: _____ | Make / Model : _____

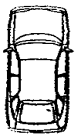
Excess Sec II :S$ _____ D.O.A : 21/08/2022 11:40 | Place of Accident : JALAN BERSEH (PARKING LOT NO 8)

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

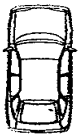
If **NO**, Driver Name / Age : | OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

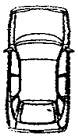
SLG 2262T → _____ → _____ → _____



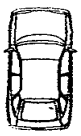
INSRS:
WSP: Autoworx House
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
SLG 2262T - X	
SHA 9316E - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By	
CS/FCI17023898/M1vd3e2 18/01/2018 SFJ 8868L SHA 9316E 12/1[illegible]8/2017 24/01/2018 NVT	
CS/FCI19008334/d3XX 10/05/2019 SGF 8955C SHA 9316E 08/05/2019 14/09/2020 LST1	
CS/QW08012694/Rv 01/05/2008 SHA 9316E 20/04/2008 06/05/2008 GM	
CS3/FCI19007043/Gcd3s2 07/05/2019 PC 6969K SHA 9316E 04/04/2019 08/05/2019 NVT	
NA/INC10010161/s1 25/05/2010 ANG LIEN KWONG SGJ 7263B SHA 9316E 25/05/2010 31/05/2010 SLP	

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
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:	