15/5/2010

INS. CASE OWNER: LOH Cynthia

CC4/ASM22008465/Kpa3

LKK:

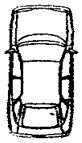
IDAC: 279823

ASSIGNMENT

Surveyor: KENNETH DOI: 31/08/2022 Date / Time : 30.08.2022

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SHA 9409X Claim No. : S2M049UO

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

Insured Tel No. : HP: Make / Model : Hyundai Ae ioniq

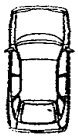
Excess Sec II :S$ D.O.A : 27/08/2022 16:15 Place of Accident : AYE TOWARDS CITY

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

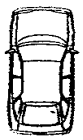
If **NO**, Driver Name / Age : CHANG YIT NAH OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

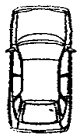
SJV 786G →



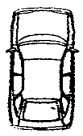
INSRS:
WSP: CHEONG
Tel : CHEONG
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time

SJV 786G - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
~~CC6/AXA12014474/Uec3 01/11/2012 SGC 6537E SJV 786G 24/07/2012 08/11/2012 TLF~~
~~CC6/AXA14010057/Kya3s2 02/11/2015 PA 5404R SJV 786G 01/05/2014 03/11/2015 KYS~~

SHA 9409X - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
~~CC3/AIG09028094/Cq1r1 25/03/2010 SHA 9409X SDZ 5656R 11/12/2009 26/03/2010 CPH~~
~~CS/ASM22008465/Kqy3 31/08/2022 SJV 786G SHA 9409X 27/08/2022 RAP~~
~~CS/CTI20004775/Gtf3n2 30/04/2020 SHA 9409X SMG 5883U 30/03/2020 04/05/2020 LST1~~
~~CS/FCI18001147/T1vd3n2 13/02/2018 SLH 7965K SHA 9409X 13/01/2018 13/02/2018 NVT~~
~~NA/CTI20004727/z4 31/03/2020 TAN MATTHEW SMG 5883U SHA 9409X 30/03/2020 07/04/2020 HZT~~
~~NA/INC15000056/r3 02/01/2015 SELAWARAJI A/L SIGAMANY FBB 9042K SHA 9409X 05/03/2014 08/01/2015 RBW~~
~~NS/INC13020369/Yvm3d1 08/11/2013 SHA 9409X SGU 3659L 28/10/2013 11/11/2013 BPL~~

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:	