

INS. CASE OWNER:

**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 : \$ \_\_\_\_\_ 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                | Reference Entry          | Date Customer Name | Vehicle No.                         | TP Vehicle No.                        | Accident Date            | Close Date                                   | Created By               | STAGE                             | DATE / PIC               |
|---------------------------|--------------------------|--------------------|-------------------------------------|---------------------------------------|--------------------------|----------------------------------------------|--------------------------|-----------------------------------|--------------------------|
| <b>SJV 786G</b>           | CC6/AXA12014474/Uec3     | 01/11/2012         | SGC 6537E                           | SJV 786G                              | 24/07/2012               | 08/11/2012                                   | TLF                      | Non-Reporting ltr (1st):          |                          |
|                           | CC6/AXA14010057/Kya3s2   | 02/11/2015         | PA 5404R                            | SJV 786G                              | 01/05/2014               | 03/11/2015                                   | KYS                      | Non-Reporting ltr (2nd):          |                          |
| <b>SHA 9409X</b>          | CC3/AIG09028094/Cq1r1    | 25/03/2010         | SHA 9409X                           | SDZ 5656R                             | 11/12/2009               | 26/03/2010                                   | CPH                      | Non-Reporting ltr (Final):        |                          |
|                           | CS/ASM22008465/Kay3      | 31/08/2022         | SJV 786G                            | SHA 9409X                             | 27/08/2022               |                                              | RAP                      | Notification ltr (if non-pickup): |                          |
|                           | CS/CTI20004775/Gif3n2    | 30/04/2020         | SHA 9409X                           | SMG 5883U                             | 30/03/2020               | 04/05/2020                                   | LST1                     | Call OI:                          |                          |
|                           | CS/FCI18001147/T1vd3n2   | 13/02/2018         | SLH 7965K                           | SHA 9409X                             | 13/01/2018               | 13/02/2018                                   | NVT                      | After call ltr to OI:             |                          |
|                           | NA/CTI20004727/z4        | 31/03/2020         | TAN MATTHEW                         | SMG 5883U                             | SHA 9409X                | 30/03/2020                                   | 07/04/2020               | Documentation Check List:         | Handler                  |
|                           | NA/INC15000056/r3        | 02/01/2015         | SELAWARAJI A/L                      | SIGAMANY                              | FBF 9042K                | SHA 9409X                                    | 05/03/2014               | 08/01/2015                        | Typist                   |
|                           | NS/INC13020369/Ym3d1     | 08/11/2013         | SHA 9409X                           | SGU 3659L                             | 28/10/2013               | 11/11/2013                                   | BPL                      | 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:           |                          |
| <b>PRELIMINARY ADVICE</b> | Date/Time:               |                    | Sent By:                            |                                       |                          |                                              |                          | Post-Repair Photos:               |                          |
|                           |                          |                    |                                     |                                       |                          |                                              |                          | Others:                           |                          |
| <b>FINALIZATION</b>       | Date/Time:               |                    | Confirm with:                       |                                       | Confirm by:              |                                              |                          |                                   |                          |
| Repair Cost:              | <b>L/SUM</b>             | \$S                | <b>16,200.00</b>                    | ( 12 days)                            | Reduction:               | <b>53</b>                                    | %                        | Email                             | <input type="checkbox"/> |
|                           |                          |                    |                                     |                                       |                          |                                              |                          | Call                              | <input type="checkbox"/> |
| <b>FINAL SETTLEMENT</b>   | Date/Time:               | <b>26/10/2022</b>  | Confirm with                        | <b>ANGELA</b>                         | Email                    | <input checked="" type="checkbox"/>          | Call                     | <input type="checkbox"/>          |                          |
| Final Liability:          | %                        | <b>100</b>         | (Agreed / Assessed)                 | BOLA S/N No. :                        | <b>28</b>                | If NO or B 28, Ass. Lia :                    | <b>100</b>               |                                   |                          |
| Repair Cost:              | \$S                      | <b>16,200.00</b>   |                                     |                                       |                          |                                              |                          |                                   |                          |
| Loss of Rental (LOR):     | \$S                      |                    | ( days)                             |                                       |                          |                                              |                          |                                   |                          |
| Loss of Use (LOU):        | \$S                      | <b>960.00</b>      | (\$ 80 x 12 days)                   |                                       |                          |                                              |                          |                                   |                          |
| Loss of Income (LOI):     | \$S                      |                    | (\$ x days)                         |                                       |                          |                                              |                          |                                   |                          |
| LOR only                  | <input type="checkbox"/> | LOU only           | <input checked="" type="checkbox"/> | LOR + LOU                             | <input type="checkbox"/> | LOR + LOI                                    | <input type="checkbox"/> | [Tick only one]                   |                          |
| GIA/LTA Search            | \$S                      | <b>7.45</b>        |                                     |                                       |                          |                                              |                          |                                   |                          |
| Medical:                  | \$S                      |                    |                                     |                                       |                          | 1) Claim status: Normal/Reject/Private Secde |                          |                                   |                          |
| Disbursement:             | \$S                      |                    | (e.g. Tow/ Independent )            |                                       |                          | 2) Report Format:                            | <b>TP</b>                |                                   |                          |
| Legal Cost                | \$S                      |                    |                                     |                                       |                          | 3) Survey fee:                               | <b>\$350.00</b>          |                                   |                          |
| <b>Total:</b>             | \$S                      | <b>17,167.45</b>   | <b>Global Sum \$S:</b>              |                                       |                          |                                              |                          |                                   |                          |
| <b>FINAL PAYMENT</b>      | Date/Time:               |                    | Confirm with:                       |                                       | Email                    | <input checked="" type="checkbox"/>          | Call                     | <input type="checkbox"/>          |                          |
| Payee 1:                  | \$S                      | <b>17,167.45</b>   | Name 1:                             | <b>CHEONG CHEONG MOTOR SERVICE PL</b> |                          |                                              |                          |                                   |                          |
| Payee 2: (Strike if N.A.) | \$S                      |                    | Name 2:                             |                                       |                          |                                              |                          |                                   |                          |
| Payee 3: (Strike if N.A.) | \$S                      |                    | Name 3:                             |                                       |                          |                                              |                          |                                   |                          |