LKK:	
IDAC:	280803

INS. CASE OWNER: **TEO Kitty** **CC4/ASM22008695/Upa3**

ASSIGNMENT

Surveyor: **MARCUS** DOI: _____ Date / Time : **05/09/2022**

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : **SHA 8372Z** Claim No. : **S2M04A9T**

Name of Insured : **CITYCAB PTE LTD** Policy No. : **P2465703**
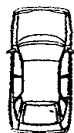
Insured Tel No. : _____ HP: _____ Make / Model : _____

Excess Sec II :S$ _____ D.O.A :**02/09/2022** 12:30 Place of Accident : **KPE (MCE) EXIT TO AIRPORT ROAD**

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**

SNA1037S ⟶ _____ ⟶ _____ ⟶ _____

INSRS: WSP: **ZOOM AUTOWERKS .PTE LTD** Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
SNA 1037S - X	
SHA 8372Z - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. A...	
CC4/FCI20007603/Era3q2 16/12/2020 SJE 7301R SHA 8372Z 20/07/2020 18/12/2020 LST1	
CC4/III19010698/Dga3q2 08/11/2019 SHA 8372Z SH 6955M 12/06... STU	

STAGE	DATE / PIC
Reporting Date (Close Date Created By)	
Non Reporting 1 ...	
Reporting 1 ...	
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:	