

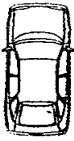
INS. CASE OWNER:

ASSIGNMENTSurveyor: **KENNETH**

DOI: _____

Date / Time : **21.09.2022**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **SHD 8591S**Claim No. : **S2M04AJQ**Name of Insured : **CITYCAB PTE LTD**Policy No. : **P2465703**

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$D.O.A : **06/09/2022 15:00**Place of Accident : **Carpenter St, Singapore**

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

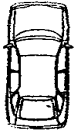
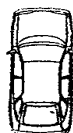
If **NO**, Driver Name / Age : **ANG CHUAK TSE**

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : _____

(V/L: YES / NO)

Insured Liability : _____ %

Final ? Yes / No**SMY 4271Y**INSRS:
WSP: **TONG LUCK**
Tel : **AUTO P/L**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
SMY 4271Y -X			
SHD 8591S - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Reporting Date Created By			
CC4/III20014235/R1ba3q2 15/03/2021 SHD 8591S SHD 3454M 21/12/2020 16/03/2021 HMK			
CS3/FC16020029/Sgh3s2 11/11/2016 SKZ 455D SHD 8591S 16/10/2016 16/11/2016 GSY			
		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:	☐
PRELIMINARY ADVICE Date/Time:	Sent By:	Post-Repair Photos:	☐
		Others:	☐
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:		