15/5/2010

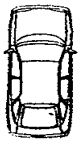
INS. CASE OWNER: ANG Yvonne | CC4/ASM22009387/Apa3 | LKK: IDAC: 283980

ASSIGNMENT

Surveyor: ADRIAN DOI: 23/09/2022 Date / Time : 23.09.2022

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SHA 8790A Claim No. : S2M04BKB

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

Insured Tel No. : HP: Make / Model :

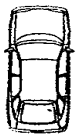
Excess Sec II :S$ D.O.A : 22/09/2022 08:00 Place of Accident : PIE, Singapore

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

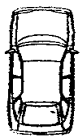
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

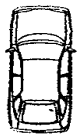
SLP 8073K → → →



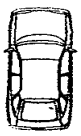
INSRS:
WSP: HD Perfect Autowork
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
SLP 8073K - X	
SHA 8790A -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Closed Date Created By
	CS/FCI18006206/T1qbn2 24/05/2018 SKV 2862U SHA 8790A 03/03/2018 24/05/2018 CKL
	CS/FCI19003762/T1sd3n2 18/06/2019 SLC 1905A SHA 8790A 15/02/2019 18/06/2019 NJT
	CS/QW08022651/Rfn 04/09/2008 SHA 8790A 11/08/2008 08/09/2008 LPY

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: L/SUM S$ 5,000.00 (4 days) Reduction: 60 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 02/03/2023 Confirm with Irene Email ☑ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 5,000.00	
Loss of Rental (LOR):	S$ (days)	
Loss of Use (LOU):	S$ 240.00 ($60 x 4 days)	
Loss of Income (LOI):	S$ ($ x days)	
LOR only ☐ LOU only ☑ LOR + LOU ☐ LOR + LOI ☐ [**Tick only one**]		
GIA/LTA Search	S$ 7.45	
Medical:	S$	1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ (e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S$	3) Survey fee: $350.00
Total:	**S$** 5,247.45 **Global Sum S$:**	

FINAL PAYMENT Date/Time: Confirm with: Email ☑ Call ☐

Payee 1:	S$ 5,247.45	Name 1:	HD Perfect Autowork Pte Ltd
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	