15/5/2010

INS. CASE OWNER: TEO Kitty

CC4/ASM22009452/Tea3

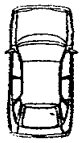
LKK: IDAC: 284250

ASSIGNMENT

Surveyor: TAUFIKH DOI: Date / Time : 26/09/2022

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 7077Y

Name of Insured : CITYCAB PTE LTD

Insured Tel No. : HP:

Excess Sec II :S$

Is driver the owner? (YES / NO)

If **NO**, Driver Name / Age :

Driver Tel No. : (V/L: YES / NO)

Claim No. : S2M04BNA

Policy No. : P2465703

Make / Model : Toyota Vellfire

D.O.A : 22/09/2022 14:50

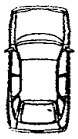
Place of Accident : DROP OFF POINT AT MARINA BAY SAND CASINO

Nature of Accident :

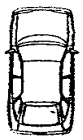
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No**

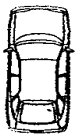
SLX 881E →



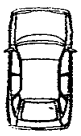
INSRS:
WSP: AP Automotive
Tel : Services Pte Ltd
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time

SLX 881E - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By

CS/AIS22005423/Avy3 07/06/2022 SLX 881E SLR 2815R 04/06/2022 NMY

SHC 7077Y - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By

CC4/AXA17007680/H1ub3q2 05/06/2017 SHC 7077Y SGK 339H 16/04/2017 08/06/2017 SP

CS/AWA16000983/H1vbc2 02/03/2016 SHC 7077Y GZ 334S 14/01/2016 07/03/2016 CKL

CS/FCI14003722/Dgbu2 20/03/2014 SHC 1245T SHC 7077Y 21/02/2014 26/03/2014 CKL

CS/FCI18011485/T1sd3e2 14/08/2018 SLP 4705Y SHC 7077Y 20/06/2018 17/08/2018 NVT

CS3/FCI18015020/Gz4d3s2 05/09/2018 SBH 1388J SHC 7077Y 09/08/2018 06/09/2018 NVT

CS3/FCI19000052/Gcbs2 09/01/2019 GBE 9891K SHC 7077Y 26/12/2018 10/01/2019 CKL

NA/INC18014501/k4 XX 10/08/2018 SIM YANG RIKKI SBH 1388J SHC 7077Y 09/08/2018 10/10/2018 RSG

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:	