15/5/2010

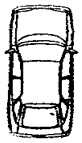
INS. CASE OWNER: TEO KITTY | CC4/ASM22009710/Rpa3 | LKK: IDAC: 285121

## ASSIGNMENT

Surveyor: RASUL DOI: Date / Time : 0310/2022

Registered in Merimen:

**Pre-assign / CCU / FTE**



Insured Vehicle No. : SHC 7149Z Claim No. : S2M04C2Q

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

Insured Tel No. : HP: Make / Model :

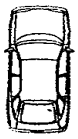
**Excess Sec II :S$** D.O.A : 30/09/2022 14:23 Place of Accident : Xilin Ave, Singapore

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

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

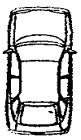
Driver Tel No. : (V/L: YES / NO ) Insured Liability : % **Final ? Yes / No**

PC 4833G → → →

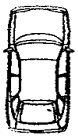


INSRS:
WSP:
Tel :
Liability:
RMKS:

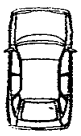
THE ONE HOLDINGS PTE LTD



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

| Date/ Time | |
|---|---|
| PC 4833G - | Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By |
| | CS3/AXA16015040/R1gh3s2-1 08/01/2018 PC 4833G SLA 901C 07/08/2016 09/01/2018 CCY |
| | CS3/AXA16015040/R1h3c2 20/09/2016 PC 4833G SLA 901C 07/08/2016 20/09/2016 HMK |
| SHC 7149Z - | Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By |
| | CS/FCI17009965/M1vbe2 04/08/2017 SH 9079Y SHC 7149Z 18/05/2017 08/08/2017 GKJ |
| | CS3/FCI17024618/T1d3s2 08/05/2018 SJH 1306B SHC 7149Z 23/12/2017 09/05/2018 NVT |
| | NA/MSG20003455/h4 03/03/2020 MOHAMED IKBAL BIN MOHAMED YUSOFF FBG 4237P SHC 7149Z 02/03/2020 10/03/2020 LSH |

| | |
|---|---|
| Status: | Date/ By |
| 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: | |