15/5/2010

INS. CASE OWNER: TEO Kitty | CC4/ASM22010297/Upa3 | LKK: IDAC: 287163

ASSIGNMENT

Surveyor: MARCUS DOI: Date / Time : 17/10/2022

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. :	SHC 7589L	Claim No. :	S2M04CRU
Name of Insured :	CITYCAB PTE LTD	Policy No. :	P2465703
Insured Tel No. :	HP:	Make / Model :	Hyundai Ae ioniq
Excess Sec II :S$	D.O.A : 12/10/2022 06:05	Place of Accident :	Tampines Street 22, Singapore AVENUE 2
Is driver the owner? (YES / NO)	Nature of Accident :		

If **NO**, Driver Name / Age : HO EU GEE

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

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

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

SNE 3533S → → →

INSRS: WSP: SOON SAN MOTOR TRADING Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time			
SNE 3533S - X		**STAGE**	**DATE / PIC**
SHC 7589L - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By		Non-Reporting ltr (1st):	
CC4/GRB21003388/Dea3q2 27/01/2022 SHC 7589L SML 955C 10/03/2021 27/01/2022 HMK		Non-Reporting ltr (2nd):	
NBA/INC15008991/e1 29/05/2015 PETRA SCHULER FBF 3692C SHC 7589L 18/05/2015 04/06/2015 NBS		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:	