15/5/2010

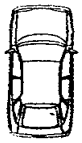
INS. CASE OWNER: KHOR Saw Theng | CC4/ASM22010846/pa3 | LKK: IDAC: 289092

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 01.11.2022

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SHB 4947L | Claim No. : S2M04DTF

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

Insured Tel No. : _____ HP: _____ | Make / Model : Hyundai Ae ioniq

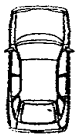
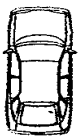
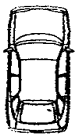
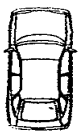
Excess Sec II :S$ _____ D.O.A : 30/10/2022 23:54 | Place of Accident : ROCHOR CANAL ROAD

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

If **NO**, Driver Name / Age : ZAINAL ABIDIN BIN IBRAHIM | OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

SMQ 4762P → _____ → _____ → _____

 INSRS: MY CAR CONSULTANT PTE LTD WSP: Tel : Liability : RMKS:	 INSRS: WSP: Tel : Liability : RMKS:	 INSRS: WSP: Tel : Liability : RMKS:	 INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
SMQ 4762P -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By CS/TMI22007174/Tcy3q2 26/09/2022 SHC 264U SMQ 4762P 26/07/2022 26/09/2022 NMY
SHB 4947L -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By CC3/AIG09029032/Cq1n 07/04/2010 SHB 4947L GBB 3968D 28/12/2009 09/04/2010 CRH CS/FCI16008649/Uqh3c2 27/05/2016 SJQ 6222D SHB 4947L 08/05/2016 02/06/2016 CCY CS3/ASM22007050/Tcy3m4 17/08/2022 SJJ 3233D SHB 4947L 20/07/2022 18/08/2022 RAP

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:	