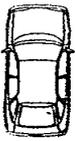


INS. CASE OWNER:

ASSIGNMENT

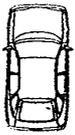
Surveyor: RASUL DOI: _____ Date / Time : 01/11/2022
Registered in Merimen: _____

Pre-assign / CCU / FTE

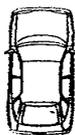


Insured Vehicle No. : SHB 2120T Claim No. : S2M04DTZ
Name of Insured : CITYCAB PTE LTD Policy No. : P2465703
Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II :S\$ _____ D.O.A : 29/10/2022 18:10 Place of Accident : _____
Is driver the owner? (YES / NO) Nature of Accident : _____
If NO, Driver Name / Age : CHNG KONG GUAN OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
Driver Tel No. : _____ (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

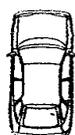
SHC 4101E



INSRS: _____
WSP: **STRIDES**
Tel : _____
Liability : _____
RMKS: _____



INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____

Date/ Time	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date	Created By	DATE / PIC
	SHC 4101E - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date	CC3//LIP09016197/T1vn 10/08/2009 SHC 4101E SGR 8486B 18/07/2009 07/08/2009 MTH	Non-Reporting ltr (1st):
	CC3/CAI14017233/K1zm3q2 01/12/2014 SHC 4101E SJT 8536U 07/09/2014 04/12/2014 NSW	NSW	Non-Reporting ltr (2nd):
	CC3/MSG16009385/K1th3n2 01/06/2016 SHC 4101E GBD 6995U 19/05/2016 01/06/2016 NSW	NSW	Non-Reporting ltr (if non-pickup):
	NBA/INC19012921/Y 22/07/2019 MOHAMAD FAIZAL BIN ABDULLAH SGK 3557A SHC 4101E 20/07/2019 RBA	NSW	Call OI:
	NS/INC14019427/K1tbk3 10/11/2014 SHC 4101E GY 6869G 13/10/2014 10/11/2014 CH	CH	Documentation Check List: Handler Typist
	NS/INC17001888/K1tbm2 07/03/2017 SHC 4101E SFP 168U 25/01/2017 13/03/2017 CH	CH	Notification ltr (if non-pickup) <input type="checkbox"/> <input type="checkbox"/>
	NS/INC18018468/Dtbe2 14/08/2018 SHC 4101E SHD 1881B 16/07/2018 15/08/2018 CH	CH	After call ltr to OI: <input type="checkbox"/> <input type="checkbox"/>
	SHB 2120T - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date	CC3/FCI13017011/Kgu2 13/09/2013 SHC 5343S SHB 2120T 06/07/2013 17/09/2013 CH	Authorisation To Act: <input type="checkbox"/> <input type="checkbox"/>
	CC4/ASM19014308/R1ga3s2 05/05/2020 SHB 2120T GBD 210R 15/08/2019 06/05/2020 CH	CH	Release Voucher: <input type="checkbox"/> <input type="checkbox"/>
	CS3/FCI20013017/R1tf3e2 07/12/2020 SKV 6650M SHB 2120T 20/11/2020 07/12/2020 CH	CH	Final Repair Bill: <input type="checkbox"/> <input type="checkbox"/>
	NS/INC12019132/H1kn 08/10/2012 SHB 2120T SJF 6367C 29/09/2012 08/10/2012 LYT	LYT	Car Rental Invoice: <input type="checkbox"/> <input type="checkbox"/>
			Towing Invoice <input type="checkbox"/> <input type="checkbox"/>
			LTA / GIA : <input type="checkbox"/> <input type="checkbox"/>
			Medical Bill: <input type="checkbox"/> <input type="checkbox"/>
			PIR: <input type="checkbox"/> <input type="checkbox"/>
			Mandate/Reject Instruction: <input type="checkbox"/> <input type="checkbox"/>
			LOD <input type="checkbox"/> <input type="checkbox"/>
			Payment Breakdown Form: <input type="checkbox"/> <input type="checkbox"/>
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____		Post-Repair Photos: <input type="checkbox"/> <input type="checkbox"/>
			Others: <input type="checkbox"/> <input type="checkbox"/>
FINALIZATION	Date/Time: _____ Confirm with: _____		Confirm by: _____
Repair Cost: S\$ _____	(_____ days) Reduction: _____ %		Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT	Date/Time: _____ Confirm with _____		Email <input type="checkbox"/> Call <input type="checkbox"/>
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 <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/>	[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 <input type="checkbox"/> Call <input type="checkbox"/>
Payee 1: S\$ _____	Name 1: _____		
Payee 2: (Strike if N.A.) S\$ _____	Name 2: _____		
Payee 3: (Strike if N.A.) S\$ _____	Name 3: _____		