15/5/2010

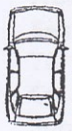
INS. CASE OWNER: LOH Cynthia | CC4/ASM22011256/pa3 | LKK: IDAC: 290744

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 09/11/2022

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SHB 3622E | Claim No. : S2M04DH2

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

Insured Tel No. : _____ HP: _____ | Make / Model : Hyundai AE IONIQ HEV 1.6 DCT

Excess Sec II :S$ _____ D.O.A : 22/10/2022 20:50 | Place of Accident : PIE TOWARDS JALAN BAHAR

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

If **NO**, Driver Name / Age : PAY GOON HUI | OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

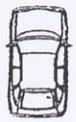
Driver Tel No. : (V/L: YES / NO) | Insured Liability : % **Final ? Yes / No**

YP 9454J → _____ → _____ → _____

INSRS:
WSP: WOON MENG
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
YP 9454J - X	
SHB 3622E - Reference	Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
	CC3/AIG09006890/Yaj 19/10/2009 SHB 3622E SGT 2589S 28/03/2009 20/10/2009 TMC
	CC3/AIG11007637/H1n1g2p1 02/10/2012 SHB 3622E SJT 6374H 23/04/2012 03/10/2012 NSW
	CC3/AIG15012343/H1ha3v2 06/10/2015 SHB 3622E SGZ 3293G 21/07/2015 08/10/2015 CWY
	CS/FCI18001145/Kqd3n2 25/06/2018 SHD 32S SHB 3622E 16/01/2018 26/06/2018 NVT
11/1/23	TP withdraw claim
11/01/23	Tucarrel. No survey done

STAGE	DATE / PIC
Date 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:	