15/5/2010

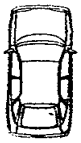
INS. CASE OWNER: LOH Cynthia | CC4/ASM22012103/Apa3 | LKK: IDAC: 294557

ASSIGNMENT

Surveyor: Adrian DOI: _____ Date / Time : 02/12/2022

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 818Y Claim No. : S2M04FUE

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

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

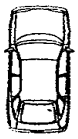
Excess Sec II :S$ _____ D.O.A : 01/12/2022 18:50 Place of Accident : Punggol Dr., Singapore

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

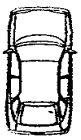
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

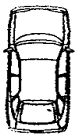
SGF 2422M → _____ → _____ → _____



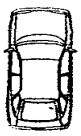
INSRS:
WSP: SM
Tel : AUTOMOTIVE
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time

SGF 2422M - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
CC4/FWD20005932/Aba3q2 13/08/2020 SMD 2312L SGF 2422M 23/05/2020 14/08/2020 DBR
~~NA/FWD20005909/z4 23/05/2020 WONG WEI QUAN, DANIEL (HUANG WEIQUAN) SGF 2422M SMD 2312L 23/05/2020 02/06/2020 HZT~~

SHC 818Y - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
~~CS/FCI19000628/R1vd3e2 13/03/2019 WC 1618Z SHC 818Y 07/01/2019 13/03/2019 NVT~~
~~NS/INC17003285/H1vbs4 17/03/2017 SHC 818Y SKA 7174A 14/02/2017 21/03/2017 CKL~~
NS/INC17012510/Gvbm2 13/07/2017 SHC 818Y SGE 3367M 23/06/2017 17/07/2017 CKL

DATA CAPTURE	**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: L/SUM S$ 2,600.00 (4 days) Reduction: 71 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 11/04/2023 Confirm with Sukyi Email ☑ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost: 8% GST	S$ 2,808.00	
Loss of Rental (LOR):	S$ 500.00 (5 days) X $100	
Loss of Use (LOU):	S$ ($ x days)	
Loss of Income (LOI):	S$ ($ x days)	
LOR only ☑ LOU only ☐	LOR + LOU ☐ LOR + LOI ☐ [**Tick only one**]	
GIA/LTA Search	S$ 2.00	
Medical:	S$	1) Claim status: Normal/~~Reject/Private Settle~~
Disbursement:	S$ 200.00 (e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S$	3) Survey fee: $350.00
Total:	**S$** 3,510.00 **Global Sum S$:** 3,500.00	

FINAL PAYMENT Date/Time: Confirm with: Email ☑ Call ☐

Payee 1:	S$ 3,500.00	Name 1:	SM AUTOMOTIVE
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	