15/5/2010

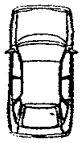
INS. CASE OWNER: LOH Cynthia | CC4/ASM23000124/pa3 | LKK: IDAC: 298568

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 04/01/2023

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SHA 8762G | Claim No. : S3M04HFM

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

Insured Tel No. : _____ HP: _____ | Make / Model : _____

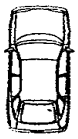
Excess Sec II :S$ _____ D.O.A : 30/12/2022 16:20 | Place of Accident : _____

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

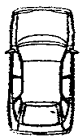
If **NO**, Driver Name / Age : | OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

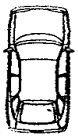
GBJ 709M → _____ → _____ → _____



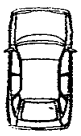
INSRS:
WSP: MG SOLUTION
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
GBJ 709M - X	
SHA 8762G -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
	CC3/FCI16002073/Kvbn2 24/03/2016 SHC 5218X SHA 8762G 16/02/2015 24/03/2016 SKL
	CS/FCI15007439/Avbw2 18/05/2015 SGP 4518E SHA 8762G 30/04/2015 25/05/2015 GKL
	NA/INC15007302/r3 30/04/2015 TAN KIAN HOW SGP 4518E SHA 8762G 30/04/2015 08/05/2015 RBW
	NBA/INC18012101/Y 03/07/2018 AHMAD HANAFEE BIN IBRAHIM FBM 9016D SHA 8762G 02/07/2018 09/07/2018 RBA
	NBA/INC20007504/Y 21/07/2020 NEO WAN YAN LUCINDA SGK 2282Z SHA 8762G 18/07/2020 24/07/2020 RBA

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:			