15/5/2010

INS. CASE OWNER: ANG Yvonne - > TEO Kitty

CC4/ASM23000385/Kpa3

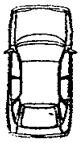
LKK:
IDAC: 299650 - > 300069

ASSIGNMENT

Surveyor: KENNETH DOI: 12/01/2023 Date / Time : 11.01.2023

Registered in Merimen: ———

Pre-assign / CCU / FTE



Insured Vehicle No. : SHB 4749S Claim No. : S3M04HVE -> S3M04HZJ

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

Insured Tel No. : HP: Make / Model :

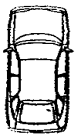
Excess Sec II :S$ D.O.A : 11/01/2023 10:40 Place of Accident : KIM TIAN ROAD TOWARDS JALAN BUKIT MERAH

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

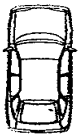
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

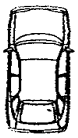
SHD 6070S → → →



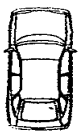
INSRS:
WSP: STRIDES
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
SHD 6070S -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By CC3/TMI11021549/R1y1m 17/01/2012 SHD 6070S XD 5141M 19/10/2011 31/01/2012 MRB CC4/ASM22009905/Rpa3 06/10/2022 SHD 6070S SHC 5597B 05/10/2022 HMK CC4/LPC19002931/Jda3q2 02/08/2019 SHD 6070S GBD 201S 13/02/2019 05/08/2019 HMK CI/TPD18010496/Zc 08/06/2018 SHD 6070S 14/04/2018 28/07/2018 FWL CS/SMR21009919/Euf3n2 11/11/2021 SGS 37L SHD 6070S 14/09/2021 11/11/2021 LST CS/SMR22013022/Kvy3 30/12/2022 SKF 9008H SHD 6070S 28/12/2022 RAP NA/INC20008610/Dz4 18/08/2020 TOH CHUN KIAT SMT 5683L SHD 6070S 18/08/2020 28/08/2020 HZT NS/INC12004313/R1fn 27/04/2012 SHD 6070S GBB 1697Z 28/02/2012 27/04/2012 MRB NS/INC15019469/K1tbn2 13/12/2015 SHD 6070S SKG 3346R 14/11/2015 16/12/2015 CKL NS/INC16002232/K1tbc2 11/03/2016 SHD 6070S SGU 1814T 31/01/2016 15/03/2016 CKL
SHB 4749S -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By CS/FCI14015058/Agbu2 24/09/2014 SGF 3845U SHB 4749S 04/08/2014 01/10/2014 CKL CS/FCI14023169/T1vbu2 13/02/2015 FBH 3744B SHB 4749S 02/12/2014 16/02/2015 CKL CS/QW08010379/Rvb 07/04/2008 SHB 4749S 13/02/2008 09/04/2008 CYY

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:	