15/5/2010

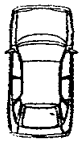
INS. CASE OWNER: ANG Yvonne | CC4/ASM23000569/pa3 | LKK: IDAC: 300251

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 17/01/2023

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 7257U | Claim No. : S3M04I3P

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

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

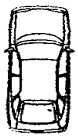
Excess Sec II :S$ _____ D.O.A : 17.01.2023 0730 | Place of Accident : WOODLANDS AVE 1 TEDS WOODLANDS AVE 2

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

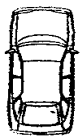
If **NO**, Driver Name / Age : | OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

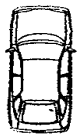
SME 1743C → _____ → _____ → _____



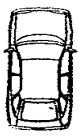
INSRS:
WSP: Hua Meng Spray
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
SME 1743C -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By CC4/ASM18023339/Kgb3q2 14/10/2019 SME 1743C SHB 9853R 26/12/2018 18/10/2019 LSP
SHC 7257U -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By CC3/AXA12005778/M1edk2 01/06/2012 SHC 7257U GN 9261Y 17/03/2012 07/06/2012 CXO CS/FCI18010191/Urbn2 30/07/2018 SJX 5877J SHC 7257U 01/06/2018 31/07/2018 CKL CS/FCI18014024/T1sbn2 06/09/2018 SJC 9245S SHC 7257U 21/07/2018 10/09/2018 CKL CS/FCI19015637/Usf3n2 11/09/2019 SLU 9035M SHC 7257U 31/08/2019 11/09/2019 LST1 CS3/ASM21003717/R1tf3e2 05/04/2021 FY 4144P SHC 7257U 15/03/2021 06/04/2021 LST1 NA/INC09027236/s1 03/12/2009 JEEVAN ASHOK FM 8958U SHC 7257U 28/11/2009 04/12/2009 SLP NA/INC12005503/w1 19/03/2012 TAN LAN GEE GX 4906B SHC 7257U 17/03/2012 21/03/2012 LCH NS/INC09027126/Cn 25/12/2009 SHC 7257U FM 8958U 28/11/2009 28/12/2009 CPH

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:	