15/5/2010

INS. CASE OWNER: OH Vale

CC4/HSB23001116/Tpa3

LKK:

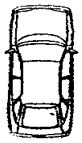
IDAC: 300925

## ASSIGNMENT

Surveyor: TAUFIKH DOI: 27/01/2023 Date / Time : 26.01.2023

Registered in Merimen: ——

**Pre-assign / CCU / FTE**



Insured Vehicle No. : SHA 9334C Claim No. : S3M04ICS

Name of Insured : CITYCAB PTE LTD Policy No. : P2478220

Insured Tel No. : HP: Make / Model :

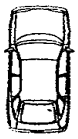
**Excess Sec II :S$** D.O.A : 24/01/2023 19:30 Place of Accident : SLE BEFORE ORCHARD EXIT

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

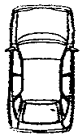
If **NO**, Driver Name / Age : ONG TEE BOI OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

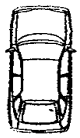
SHB 5827T → → →



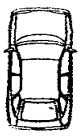
INSRS:
WSP: STRIDES
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

| Date/ Time | | | |
|---|---|---|---|
| SHB 5827T - | Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By | | **DATE / PIC** |
| | CC3/AIG13004576/T1pt2q2 11/04/2013 SHB 5827T SKB 622P 22/02/2013 15/04/2013 SBS | | Non-Reporting ltr (1st): |
| | CS/SMR23001013/Tvp3 01/02/2023 SGA 178H SHB 5827T 24/01/2023 RAR | | Non-Reporting ltr (2nd): |
| | NS/INC18000296/Srbe2 24/01/2018 SHB 5827T SDS 6588J 04/01/2018 29/01/2018 CKL | | Non-Reporting ltr (Final): |
| SHA 9334C - | Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By | | Notification ltr (if non-pickup): |
| | CC3/FCI12022650/Ky1n 27/11/2012 SHC 5722G SHA 9334C 13/11/2012 29/11/2012 YCC | | Call OI: |
| | CS/FCI12024454/Rv 20/12/2012 SJS 8636U SHA 9334C 16/12/2012 17/04/2013 CMJ | | After call ltr to OI: |
| | CS/FCI14006918/Rvm3d1 23/05/2014 SGF 2039L SHA 9334C 31/03/2014 28/05/2014 ATL | | **Documentation Check List: Handler Typist** |
| | CS/GAI19012216/K1vf3e2 23/07/2019 SHA 9334C GW 4195R 10/07/2019 25/07/2019 ATS | | 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: |
| **PRELIMINARY ADVICE** | Date/Time: | Sent By: | Post-Repair Photos: |
| | | | Others: |

| | | | |
|---|---|---|---|
| **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: | |