15/5/2010

INS. CASE OWNER: ANG Yvonne

CC4/HSB23002431/pa3

LKK:

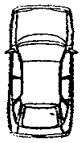
IDAC: 305435

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 07/03/2023

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 410P

Claim No. : S3M04K0W

Name of Insured : CITYCAB PTE LTD

Policy No. : P2478220

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S$ _____ D.O.A : 28/02/2023 19:55

Place of Accident : Cantonment Rd, Singapore

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

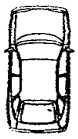
If **NO**, Driver Name / Age : NG KOK SENG

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

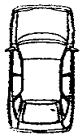
Driver Tel No. : (V/L: YES / NO)

Insured Liability : % **Final ? Yes / No**

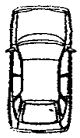
SNG 4988X → _____ → _____ → _____



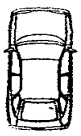
INSRS:
WSP: JSSM AUTOSOLUTIONS PTE LTD
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
SNG 4988X - X		Non-Reporting ltr (1st):	
SHC 410P -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By	Non-Reporting ltr (2nd):	
	CC3/AIG13014201/Ya2t2y 27/09/2013 SHC 410P SGC 8329B 02/08/2013 01/10/2013 SBS	Non-Reporting ltr (Final):	
	CC4/FCI20012096/Ees3q2 17/02/2021 GBJ 5464K SHC 410P 31/10/2020 20/02/2021 LSL	Notification ltr (if non-pickup):	
	CS/ASM22009248/Uwy3m4 06/12/2022 SKV 5593B SHC 410P 18/09/2022 06/12/2022 RAP	Call OI:	
	CS/FCI17004188/R1tb 13/07/2017 SHC 410P 21/02/2017 16/03/2017 CKL	After call ltr to OI:	
	CS/FCI17019540/T1tbe2 06/12/2017 SHC 410P SHA 3560E 10/10/2017 07/12/2017 NVT		
	NA/INC20011950/z4 02/11/2020 BAPERY MITHUN GBJ 5464K SHC 410P 31/10/2020 18/11/2020 HZT		

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:	