15/5/2010

INS. CASE OWNER: LOH Cynthia

CC4/HSB23004281/pa3

LKK:

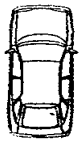
IDAC: 309842

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 26.04.2023

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SHA 8568B

Name of Insured : CITYCAB PTE LTD

Insured Tel No. : _____ HP: _____

Excess Sec II :S$ _____ D.O.A : 20/04/2023 17:30

Is driver the owner? (YES / NO)

Claim No. : S3M04LU1

Policy No. : P2478220

Make / Model : _____

Place of Accident : Jln. Ahmad Ibrahim, Singapore TOWARDS CORPORATION ROAD

Nature of Accident : _____

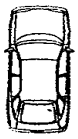
If **NO**, Driver Name / Age :

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

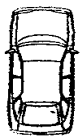
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

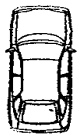
GBG 2935D → _____ → _____ → _____



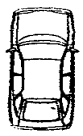
INSRS:
WSP: TLM Automobile Pte Ltd
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
GBG 2935D - x	
SHA 8568B -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By CC3/AXA11010231/H1n1dc1 26/01/2012 SHA 8568B FBC 6131B 27/05/2011 07/02/2012 LSL CC3/AXA12009652/H1ec3f1 16/07/2012 SHA 8568B SGG 9388C 08/05/2012 19/07/2012 TLF CS/INC08031387/Kcj 01/12/2008 SHA 8568B SGX 2814X 12/11/2008 04/12/2008 LPY NS/INC12023859/H1qn 17/12/2012 SHA 8568B SFT 8857R 07/12/2012 19/12/2012 SSC

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:		