15/5/2010

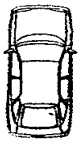
INS. CASE OWNER: LOH Cynthia | CC4/ASM23004458/Upa3 | LKK: IDAC: 310209

ASSIGNMENT

Surveyor: MARCUS DOI: _____ Date / Time : 03.05.2023

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SHA 8114C Claim No. : S3M04M4N

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

Insured Tel No. : _____ HP: _____ Make / Model : Hyundai I40

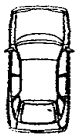
Excess Sec II :S$ _____ D.O.A : 29/04/2023 13:45 Place of Accident : PIE TOWARDS TUAS AFTER PAYA LEBAR

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

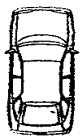
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

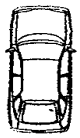
SJP 4224S → _____ → _____ → _____



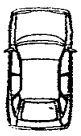
INSRS:
WSP: Zero Gravity
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
SJP 4224S -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By CS/LPC15000603/Uqbd1 27/01/2015 SJP 4224S SJL 9308Y 11/01/2015 27/01/2015 CKL
SHA 8114C -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By CC4/ASM22001057/Dpa3q2 20/12/2022 SHA 8114C SHA 9154E 31/01/2022 20/12/2022 LSL1 CS/FCI11006881/Abn 12/05/2011 GBB 4351B SHA 8114C 16/01/2010 13/05/2011 SLK NA/CTI22001091/r3 04/02/2022 ONG SENG LEE PA 5617T SHA 8114C 31/01/2022 11/02/2022 RBW

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: L/SUM S$ 8,100.00 (12 days) Reduction: 55 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 10/06/2023 Confirm with Sylvie Email ☑ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 8,100.00	
Loss of Rental (LOR):	S$ 2,400.00 (16 days) x $150.00	
Loss of Use (LOU):	S$ ($ x days)	
Loss of Income (LOI):	S$ ($ x days)	
LOR only ☑ LOU only ☐	LOR + LOU ☐ LOR + LOI ☐ [**Tick only one**]	
GIA/LTA Search	S$ 26.75	
Medical:	S$	1) Claim status: Normal/~~Reject/Private Settle~~
Disbursement:	S$ (e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S$	3) Survey fee: $350.00
Total:	**S$** 10,526.75 **Global Sum S$:** 10,500.00	

FINAL PAYMENT Date/Time: Confirm with: Email ☐ Call ☐

Payee 1:	S$ 10,500.00	Name 1:	ZERO GRAVITY
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	