15/5/2010

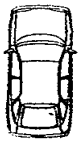
INS. CASE OWNER: LOW Garnet | CC4/HSB23004782/Upa3 | LKK: IDAC: 310773

ASSIGNMENT

Surveyor: MARCUS DOI: Date / Time : 10.05.2023

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SHB 3298H Claim No. : S3M04MD2

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

Insured Tel No. : HP: Make / Model :

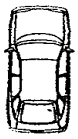
Excess Sec II :S$ D.O.A : 08.05.2023 Place of Accident : Cairnhill Road near Bideford Road

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

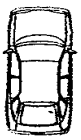
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

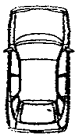
SMS 5340G → → →



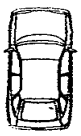
INSRS:
WSP: Lee Brothers
Tel : Automotive
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
SMS 5340G - X	
SHB 3298H -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
	CC3/AIG16012176/H1wb3q2 15/08/2016 SHB 3298H SKR 6701X 29/06/2016 17/08/2016 LSP
	CS/INC08033269/Kcq1 02/01/2009 SHB 3298H SFH 7281X 16/12/2008 06/01/2009 FWL
	NS/INC12018672/H1qn 05/02/2013 SHB 3298H SFS 1063R 25/09/2012 07/02/2013 PY
	NS/INC21001629/T1vf3e2 12/03/2021 SHB 3298H SMU 9253M 30/01/2021 15/03/2021 LST1

STAGE	DATE / PIC
Confirmation ltr to OI:	
Confirmation ltr to TP:	
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$ 5,700.00 (4 days) Reduction: 49 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 08/06/2023 Confirm with XUE TING Email ☑ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost: 8%GST	S$ 6,156.00	
Loss of Rental (LOR): 8%GST	S$ 432.00 (4 days) X $100	
Loss of Use (LOU):	S$ ($ 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: $350.00
Total:	**S$** 6,614.75 **Global Sum S$:** 6,600.00	

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

Payee 1:	S$ 6,600.00	Name 1:	Lee Brothers Automotive Pte Ltd
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	