15/5/2010

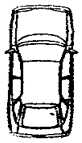
INS. CASE OWNER: HO Winnie | CC4/HSB23004816/Upa3 | LKK: IDAC: 310914

ASSIGNMENT

Surveyor: MARCUS DOI: Date / Time : 11.05.2023

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 655A Claim No. : S3M04ME9

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

Insured Tel No. : HP: Make / Model :

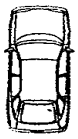
Excess Sec II :S$ D.O.A : 09/05/2023 17:25 Place of Accident : PIE BEFORE STEVENS ROAD

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

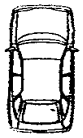
If **NO**, Driver Name / Age : LIM CHIN MING (LIN ZHENMING) OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

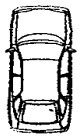
SLJ 630L → → →



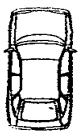
INSRS:
WSP: ZERO GRAVITY
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
SLJ 630L - Reference	Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By		
CC6/AIG21008120/ga3XX 02/08/2021	SLJ 630L SJC 902M 30/06/2021 08/09/2022 LSL1		
NA/INC20010992/h4 12/10/2020	LIM SOON HOCK SLJ 630L UNKNOWN 11/10/2020 19/10/2020 LSH		
SHC 655A - Reference	Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By		
CC3/AXA12022054/H1v1dq2 17/12/2012	SHC 655A SGJ 4001K 12/11/2012 28/12/2012 CXC		
CC3/FCI15001335/Ktbd1 28/01/2015	SHD 9370G SHC 655A 17/10/2014 28/01/2015 CKL		
CS/EGI22011048/Eqy3q2 30/11/2022	SHC 655A GBB 96P 03/11/2022 30/11/2022 NMY		

STAGE	DATE	BY
Non-Reporting ltr (1st):		
Non-Reporting ltr (2nd):		
Non-Reporting ltr (final):		
Notification ltr 2 (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:	