15/5/2010

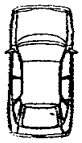
INS. CASE OWNER: LOW Garnet | CC4/ASM23004941/Upa3 | LKK: IDAC: 311031

ASSIGNMENT

Surveyor: MARCUS DOI: _____ Date / Time : 15/05/2023

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 17S Claim No. : S3M04MGY

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

Insured Tel No. : _____ HP: _____ Make / Model : Toyota Prius

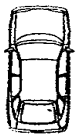
Excess Sec II :S$ _____ D.O.A : 12/05/2023 11:55 Place of Accident : Pahang St, Singapore

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

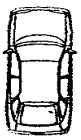
If **NO**, Driver Name / Age : LIM GEOK WAH OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

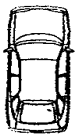
SMA 3897A → _____ → _____ → _____



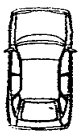
INSRS:
WSP: Teamwork Garage
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
SMA 3897A - X		Notification ltr (1st):	
SHC 17S - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By		Non-Reporting ltr (2nd):	
	CC4/AIG21003655/T1rs3q2 17/09/2021 SHC 17S SLX 9957L 20/03/2021 17/09/2021 LSL1	Non-Reporting ltr (Final):	
	CS/FCI18017644/Utbn2 09/10/2018 SJN 3511E SHC 17S 25/09/2018 11/10/2018 GKL	Notification ltr (if non-pickup):	
	CS/INC09003376/Ch 19/03/2009 SHC 17S SGG 6809A 10/02/2009 23/03/2009 CPH	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:	