15/5/2010

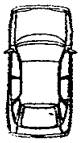
INS. CASE OWNER: TEO Kitty | CC4/HSB23005199/Upa3 | LKK: IDAC: 311688

ASSIGNMENT

Surveyor: MARCUS DOI: _____ Date / Time : 23.05.2023

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SHA 8329A Claim No. : S3M04MPL

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

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

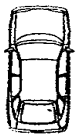
Excess Sec II :S$ _____ D.O.A : 21/05/2023 16:40 Place of Accident : Loyang Ave, Singapore

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

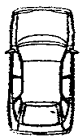
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

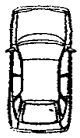
SMF 2477J → _____ → _____ → _____



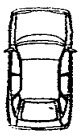
INSRS: 2ND AUTO PTE LTD
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
SMF 2477J - X	
SHA 8329A -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
	CC3/FCI13020331/Kvbu2 01/11/2013 SHD 68P SHA 8329A 17/09/2013 31/10/2013 CKL
	CC4/FCI20010711/Aes3q2 29/04/2021 SKJ 7434C SHA 8329A 30/09/2020 30/04/2021 LSL
	CS/FCI13024623/Kqm3k3 07/01/2014 SKA 9406T SHA 8329A 24/12/2013 13/01/2014 BPL
	CS/FCI15007472/Agy3d1 20/05/2015 SJT 4833M SHA 8329A 02/05/2015 22/05/2015 KTS
	CS/QW08008332/Rv 01/04/2008 SHA 8329A 08/03/2008 02/04/2008 CYY
	NA/INC10009559/w1w1 17/05/2010 ABDUL WAHID SAHABUDEEN SJF 9817B SHA 8329A 17/05/2010 01/06/2010 LCH
	NS/INC16011644/H1vbd1 28/06/2016 SHA 8329A XD 2194E 21/06/2016 29/06/2016 CKL

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:	