			LKK:
INS. CASE OWNER:	KHOR Saw Theng	CC4/HSB23006401/Upa3	IDAC: 314225

ASSIGNMENT

Surveyor: **MARCUS**   DOI: _____   Date / Time : **23.06.2023**

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : **SHC 7022E**   Claim No. : **S3M04LFS**

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

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

Excess Sec II :S$ _____   D.O.A : **10/04/2023 22:20**   Place of Accident : **Teck Whye Ln, 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**

SBR 58R ⟶ _____ ⟶ _____ ⟶ _____ ⟶ _____

INSRS:	INSRS:	INSRS:	INSRS:
WSP: **2ND Auto Pte Ltd**	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time

SBR 58R - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
CS/AXA10016127/Avs2 06/12/2010 SBR 58R SBQ 8949Y 13/10/2009 09/12/2010 CMJ
NA/TIC08016183/s1 31/05/2008 LOO CHENG CHUAN SBR 58R SDD 5440L 31/05/2008 09/06/2008 SLP

SHC 7022E - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
CC3/CTI19008979/K1ea3q2 12/07/2019 SHC 7022E PA 8200S 21/05/2019 15/07/2019 HMK
CC4/FCI19022374/Kea3q2 05/11/2020 SKZ 2124X SHC 7022E 14/12/2019 11/11/2020 HMK
CS/ASM22000082/Uty3e2 01/03/2022 YN 5174D SHC 7022E 30/12/2021 02/03/2022 NW
CS/FCI17007513/H1rbn2 04/05/2017 SHD 1036A SHC 7022E 13/04/2017 04/05/2017 CKL
CS/HSB23004028/Snp3 19/04/2023 BICYCLE SHC 7022E 10/04/2023 RAP
NA/INC08025417/e1 15/09/2008 FRANS INDRAWAN BIN SAFFRAN GP 4848C SHC 7022E 13/09/2008 18/09/2008 TWI
NS/INC18002621/K1qbn2 22/02/2018 SHC 7022E SFX 4400E 07/02/2018 22/02/2018 CKL

STATUS		DATE / PIC
Created By		
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: