15/5/2010

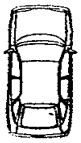
INS. CASE OWNER: HO Winnie | CC4/HSB23007540/Apa3 | LKK: IDAC: 315833

## ASSIGNMENT

Surveyor: ADRIAN DOI: Date / Time : 25.07.2023

Registered in Merimen:

**Pre-assign / CCU / FTE**



Insured Vehicle No. : SHA 8673E Claim No. : S3M04OCY

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

Insured Tel No. : HP: Make / Model :

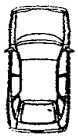
**Excess Sec II :S$** D.O.A : 22/07/2023 12:25 Place of Accident : PIE

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

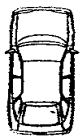
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

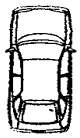
SJQ 1893A →



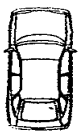
INSRS:
WSP: ADVANCE AUTO GARAGE
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

| Date/ Time | | STAGE | DATE / PIC |
|---|---|---|---|
| SJQ 1893A - X | | Non-Reporting ltr (1st): | |
| SHA 8673E - | Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By | Non-Reporting ltr (2nd): | |
| | CS/FCI17010819/Ugh3k2 04/07/2017 SJG 2423U SHA 8673E 27/05/2017 04/07/2017 CCY | Non-Reporting ltr (Final): | |
| | NA/INC09023330/w1 16/10/2009 UHAMMAD EDDY BIN NORDIN FBC 4740G SHA 8673E 13/10/2009 20/10/2009 LCH | Notification ltr (if non-pickup): | |
| | NS/INC20000025/Fsf3n2 14/01/2020 SHA 8673E SMC 1381Z 30/12/2019 14/01/2020 ATS | 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: | |