15/5/2010

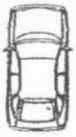
INS. CASE OWNER: MERINA CHIA | CC4/FCI19022034/R1ea3 | LKK: IDAC:

ASSIGNMENT

Surveyor: RASUL DOI: 23/12/2019 Date / Time : 13/12/2019

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 7147D

Name of Insured : CITYCAB PTE LTD

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 03/12/2019

Is driver the owner? (YES / NO)

If **NO**, Driver Name / Age : KOH SWEE LEONG

Driver Tel No. : +65-96918649 (V/L: YES / NO)

Claim No. : D19007703MFSH

Policy No. : D-18088937MFSH

Make / Model : HYUNDAI I40-1.7 D CRDI (A)

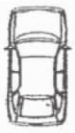
Place of Accident : ALONG IBIS HOTEL ENTRANCE

Nature of Accident :

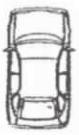
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No**

SLT 7930Y →



INSRS:
WSP: VOLKSWAGEN
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SLT 7930Y - X SHC 7147D - X	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: MRB

Repair Cost: P/P S$ 6,632.22 (5 days) Reduction: 56 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 18.09.20 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: TP / WP
Legal Cost	S$	3) Survey fee: $320
Total:	**S$** **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:	

SURVEY FEE: $245
TRANSPORT: $50
PHOTO : $25