

INS. CASE OWNER: MERINA CHIA

CC4/FCI19022034/R1ea3

LKK:

IDAC:

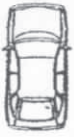
ASSIGNMENT

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) Nature of Accident : _____

If NO, Driver Name / Age : KOH SWEE LEONG

Driver Tel No. : +65-96918649

(V/L: YES / NO)

Claim No. : D19007703MFSH

Policy No. : D-18088937MFSH

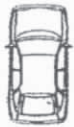
Make / Model : HYUNDAI I40-1.7 D CRDI (A)

Place of Accident : ALONG IBIS HOTEL ENTRANCE

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	SLT 7930Y - X	SHC 7147D - X	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\$		1) Claim status: Normal/Reject/Private Settle	
Medical:	S\$		2) Report Format:	
Disbursement:	S\$ (e.g. Tow/ Independent)		3) Survey fee:	
Legal Cost	S\$			
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:		

