15/5/2010

INS. CASE OWNER:

CC4/FCI19022467/Dha3

LKK:

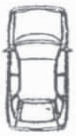
IDAC:

ASSIGNMENT

Surveyor: BRYAN DOI: 20/12/19 Date / Time : 19/12/19

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 995T

Name of Insured : CITYCAB PTE LTD

Insured Tel No. : HP:

Excess Sec II :S$

Is driver the owner? (YES / NO)

If **NO**, Driver Name / Age : SOH SIEW CHING

Driver Tel No. : +65-96957588 (V/L: YES / NO)

Claim No. : D19008002MFSH

Policy No. : D-19092579MFSH

Make / Model : MERCEDES-BENZ VIANO

D.O.A : 17/12/2019 19:45

Place of Accident : ALONG MARINA BLVD AT BAYFRONT AVE X-JUNCTION

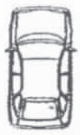
Nature of Accident :

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

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

SHC 1820H →

INSRS:
WSP: CHUNNI
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHC 1820H - CC4/ASM18016914/K1wa3q2; DOA: 15.09.18
	- CC3/EQI15020380/H1pa3q2; DOA: 27.11.15
	SHC 995T - CC3/CTI19011226/K1eb3q2; DOA: 23.06.19
	- CS/FCI17019721/Urbn2; DOA: 12.10.17

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:	

ASS. REC. BY: | REF:

ASSIGNMENT

COE Oct 2025

From: Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

Bal. or Market Value:

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 5 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SHC 1820 H Yr Regn: Oct 2017

Type: M.Car / M.Cycle / Bus / Van / Lorry / (Taxi) / Prime Mover /

Truck / Trailer or

Make: Toyota Prius c.c 1798

Colour Blue A/C: Insured / Std / NI / NA

Sp.Reading 336142 T/Radio: Insured / Std / NI / NA

Eng/No: 2ZR3081208

C/No: JTDKB3FU603569013

Gen. Cond: (Good) / Fair / Poor / Burnt

Steering: (Inorder) / Jammed / Leaked / Burnt or

Brake: (Inorder) / Jammed / Leaked / Burnt or

Modi : (Nil) / S/Rim / STD A/Rim or

Tyre Size: F: 195/65 R 15

R: —"—

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or Davanti

Front		Rear	
R/Bal.	5 mm	R/Bal.	5 mm
L/Bal.	5 mm	L/Bal.	5 mm
D.O.A.	17/12/2019	D.O.I.	20/12/2019

Survey held at Chunni AMK

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or

O/S Rmt

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	First Capital SHC 995T

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Rep Format :

Lump Sum / E.P.I: (

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

☐ : Weekend ($)

Survey Fee:	
Transportation:	
$ + RS. SI	
Photos	
Others	
TOTAL	