

INS. CASE OWNER:

MERINA CHIA

CC4/FCI20000567/Eba3

LKK:

IDAC:

ASSIGNMENT

Eba3q2

Surveyor: STEVE

DOI: 10/01/2020

Date / Time: 07/01/2020

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SHA 525C

Claim No. : D20000042MFSH

Name of Insured : CITYCAB PTE LTD

Policy No. : D-19092579MFSH

Insured Tel No. : HP:

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

Excess Sec II :S\$

D.O.A : 26/12/2019 14:45

Place of Accident : ALONG CENTRAL BOULEVARD TOWARDS CROSS ST

Is driver the owner? (YES / ☒ NO)

Nature of Accident :

If NO, Driver Name / Age : LOW CHIEN HIONG

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

Driver Tel No. : +65-97409449

(V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SJG 3131E

INSRS:
WSP: STUTTGART
Tel: AUTO
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/ Time		STAGE	DATE / PIC
	SJG 3131E - X	Non-Reporting ltr (1st):	
	SHA 525C - NBA/INC19004602/Y; DOA: 03.03.19	Non-Reporting ltr (2nd):	
	- CS/FCI17013140/Avbn2; DOA: 29.06.17	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)	<input type="checkbox"/> <input type="checkbox"/>
		After call ltr to OI:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Authorisation To Act:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Release Voucher:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Final Repair Bill:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
		Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
		LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
		PIR:	<input type="checkbox"/> <input type="checkbox"/>
		Mandate/Reject Instruction:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		LOD	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
		Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
		Others:	<input type="checkbox"/> <input type="checkbox"/>
22/09/2020	SETTLED AND CLOSED / FILE IN DRAWER		

PRELIMINARY ADVICE		Date/Time:	Sent By:
FINALIZATION		Date/Time:	Confirm with:
Repair Cost:	P/P	S\$ 10,101.81 (6 days) Reduction: 36.75 %	Confirm by:
FINAL SETTLEMENT		Date/Time: 10/09/2020	Confirm with JESSICA
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : NIL	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Repair Cost: (W/GST)	S\$ 10,808.94		
Loss of Rental (LOR):	S\$ (days)		
Loss of Use (LOU):	S\$ 1,200.00 (\$150 x 8 days)		
Loss of Income (LOI):	S\$ (\$ x days)		
LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/>	LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]		
GIA/LTA Search	S\$		
Medical:	S\$		
Disbursement:	S\$ (e.g. Tow/ Independent)		
Legal Cost	S\$		
Total:	S\$ 12,008.94	Global Sum S\$:	
FINAL PAYMENT		Date/Time:	Confirm with:
Payee 1:	S\$ 12,008.94	Name 1:	STUTTGART AUTO PTE LTD
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

TP

\$600.00

OID turn at wrong lane