

13/5/2018

INS. CASE OWNER:

RACHEL WU

CC4/FCI20000588/Gka3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

GUO QIANG

DOI: 14/01/2020

Date / Time: 08/01/2020

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No: SHC 629B

Name of Insured: CITYCAB PTE LTD

Insured Tel No: HP:

Excess Sec II : \$5 D.O.A: 19/12/2019 16:10

Is driver the owner? (YES / ☒) Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No: (V/L: YES / NO)

Claim No: D20000135MFSH

Policy No: D-19092579MFSH

Make / Model:

Place of Accident: EVERTON PARK OPEN CARPARK BEHIND BLOCK 2

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

Insured Liability: % Final ? Yes / No

SKS 7515E

INSRS:
WSP: 1ST AUTO
Tel: PRO PTE LTD
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/ Time	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:	
	Insurance/Reject Instruction:	☒
	LOD:	
	Payment Breakdown Form:	
	Post-Repair Photos:	
	Others:	
18/3/2020	FCI(RACHEL) APPROVED TO REJECT TP CLAIM	
	Reject Case	
	By (staff): KHANCHANA	
	Approved by:	
	Date: 22/04/20	

PRELIMINARY ADVICE	Date/Time:	Sent By:	Confirm with:	Confirm by:
FINALIZATION	Date/Time:	Confirm with:	Confirm by:	
Repair Cost:	P/P \$5 1,333.69	(2 days) Reduction:	74 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with:	Confirm by:	
Final Liability:	%	(Agreed / Assessed) Final A/S/N No.:		
Repair Cost:	\$5			
Loss of Rental (LOR):	\$5			
Loss of Use (LOU):	\$5 (\$ days)			
Loss of Income (LOI):	\$5 (\$ days)			
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOI ☐ [Tick only one]				
GIA/LTA Search	\$5			
Medical:	\$5			
Disbursement:	\$5			
Legal Cost	\$5			
Total:	\$5	Global Sum \$5:		
FINAL PAYMENT	Date/Time:	Confirm with:	Confirm by:	
Payee 1:	\$5	Name 1:		
Payee 2: (Strike if N.A.)	\$5	Name 2:		
Payee 3: (Strike if N.A.)	\$5	Name 3:		

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