15/5/2010

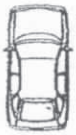
INS. CASE OWNER: MERINA CHIA | CC4/FCI20000592/T1da3 | LKK: IDAC:

ASSIGNMENT

Surveyor: TAUFIKH DOI: 14/01/2020 Date / Time : 08/01/2020

Registered in Merimen: ——

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 7545M Claim No. : D19008063MFSH

Name of Insured : CITYCAB PTE LTD Policy No. : D-19092579MFSH

Insured Tel No. : ——— HP: ——— Make / Model : HYUNDAI AE IONIQ HEV-1.6 (A)

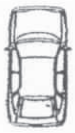
Excess Sec II :S$ ——— D.O.A : 20/12/2019 15:45 Place of Accident : ALONG PIE TOWARDS CHANGI AIRPORT

Is driver the owner? (YES / NO) Nature of Accident : ———

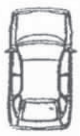
If **NO**, Driver Name / Age : ANG ENG TAT OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : +65-90540778 (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SGZ 1789C → ——— → ——— → ———



INSRS:
WSP: CYCLE &
Tel : CARRIAGE KIA
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHC7545M - CC3/AIG16016317/M1wb3s2; DOA:27.08.16
	- CC3/FCI14012489/Kvm3d1; DOA: 21.3.14
	SGZ 1789C - 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$		
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: Tan | REF: FC1

ASSIGNMENT

From: | Date: 14 - Jan. 2020

Estimated Cost:

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

To Inspect Vehicle No: SGZ 1789C

at Workshop m/s Cycle & Carriage

of 209 Pandan Gardens

Insured:

Policy No.

Claims No.

Sum Insured: | Excess:

(Client's Record)

Make of Veh: 11.00 a.m

(Policy Condition)

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

N/S	O/S
X	

Bal. or Market Value:

IDAC Accident Rport: | Consistent? : Yes or No

GIA / PR Seen: | Consistent? : Yes or No

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

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

CA / REV / REP. / 24 HRS Insp

Vehicle: IN / OUT

Date: | Person Contacted:

Veh No: SGZ1789G Yr Regn: 2017, Sep.

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or

Make: Kia Cerato K3. c.c 1591

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

Sp.Reading 45000 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: KNAFZ411MJ5745994

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: 215/45R17

R: 〃

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Roadstone

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.		D.O.I.	14/1/20 @ 1:30

Survey held at C&C Pandan Gdn

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

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

Date / Time	Action / Instruction

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Report Format :

Lump Sum / I.E.I: ( )

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

☐ : Weekend ($)

Survey Fee:	
Transportation:	
S + RS SI	
Photos	
Others	
TOTAL	