15/5/2010

INS. CASE OWNER: MERINA CHIA | CC4/FCI20000863/Kea3 | LKK: IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 13/01/2020 Date / Time : 13.01.2020

Registered in Merimen: hx

Pre-assign / CCU / FTE

Insured Vehicle No. : SHA 368P

Name of Insured : CITYCAB PTE LTD

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 10/01/2020 10:50

Is driver the owner? (YES / NO)

If **NO**, Driver Name / Age : TEO BENG KIAT

Driver Tel No. : +65-96822380 (V/L: YES / NO)

Claim No. : D20000311MFSH

Policy No. : D-20094921MFSH

Make / Model : HYUNDAI IONIQ HYBRID

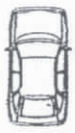
Place of Accident : PUNGGOL FIELD >>SUMANG WALK

Nature of Accident :

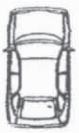
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

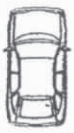
GBE 9263Z →



INSRS:
WSP: GUAN MOTOR WORKS
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHA 368P - CS/FCI14019743/Uvbd1; DOA: 13.10.14
	GBE 9263Z - 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: KSC

Repair Cost: L/S S$ 6,950.00 (8 days) Reduction: 37 % Email Call

FINAL SETTLEMENT Date/Time: 25.03.21 Confirm with HENG Email Call

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 6,950.00 OID REAR ENDED TP	
Loss of Rental (LOR):	S$ 800.00 (8 days) X $100	
Loss of Use (LOU):	S$ - ($ 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/[redacted]
Disbursement:	S$ - (e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S$ -	3) Survey fee: $500
Total:	**S$** 7,750.00 **Global Sum S$:**	

FINAL PAYMENT Date/Time: 25.03.21 Confirm with: HENG Email Call

Payee 1:	S$ 7,750.00	Name 1:	GUAN MOTOR WORKS
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	