| 15/5/2010   | MERINA CHIA                             | CC4/FCI200008  | 367/Fha3           | IDAC:                             |  |       |  |
|---|---|--|--------------------|-----------------------------------|--|-------|--|
| INS. CASE OWNER:                                    |   | ASSIGNM  | ENT                |                                   |  |       |  |
|   | RAM                                     | DOI: 03/02/2020  |                    | Date / Time: 14/01/20             | 020  |       |  |
| Surveyor:   | KAIVI                                   |  |                    | Registered in Merimen:            | -  |       |  |
|   |   |  |                    |                                   |  |       |  |
| Pre-assign / CCU / I                                |   |  |                    | D20000306MFSH                     | 1  | X     |  |
| Insured Vehicle No.                                 | : SHA 9208J                             |  | Claim No.          |                                   |  |       |  |
| 7   | . CITYCAB PTE L                         | TD   | Policy No.         | D-20094921MFS                     | H  |       |  |
| Name of Insured                                     |   |  | Make / Model       | HYUNDAI 140-1.                    | 7 D CRDI   | A)    |  |
| Insured Tel No.                                     | :H                                      | P: 17:30   |                    |                                   |  | _     |  |
| Excess Sec II :S\$                                  | D                                       | O.O.A: 09/01/2020 17:30  | Place of Acciden   | it: ALONG ARTICLETT               | 7.17 = 0 = 1.1.  |       |  |
| Is driver the owner?                                | (YES/NO) N                              | ature of Accident :  |                    |                                   |  |       |  |
| If NO Driver Name                                   | e / Age : PANG TUCK SE                  | ENG  | OI GIA REPOR       | T: F / NO ; TP GIA REI            | PORT: VES / 1  | 10    |  |
| Driver Tel N  |   | (V/L: YES / NO )   | Insured Liability  | % Final?                          | Yes / No   |       |  |
|   |   |  |                    |                                   |  |       |  |
| SHC 6791A   |   |  | 3. <del>4.4</del>  |                                   |  | _     |  |
| nigng.  | INSRS:                                  |  | INSRS:             | // 11                             | SRS:   |       |  |
| WSP: PREMIE   | 11 _ 13                                 |  | WSP:               | Te Wi                             | SP:  |       |  |
| Tel:  | H H Tel:                                | HH   | Tel:<br>Liability: | H H                               | ability:   |       |  |
| Liability:  | Liability                               |  |                    | 1/4                               | MKS:   |       |  |
| RMKS:   | RMKS:                                   |  | RMKS:              | N.                                | TIKO.  |       |  |
| Date/ Time  |   |  |                    |                                   |  |       |  |
| Date Time   | SHC6791A - CC6/III16                    | 004924/Aza3q2; DOA:  | 13.03.2016         | STAGE                             | DATE /   | PIC   |  |
|   | CC3/CAL                                 | - CC3/CAI15010759/H1za3n2; DOA: 24.06.2015<br>- CS/FCI15016940/H1tbc2; DOA: 07.10.2015<br>SHA 9208J - CS/FCI18001374/Uvd3e2; DOA: 02.01.2018 |                    |                                   | Non-Reporting ltr (1st): Non-Reporting ltr (2nd): Non-Reporting ltr (Final): Notification ltr (if non-pickup): |       |  |
|   | CC/ECI14                                |  |                    |                                   |  |       |  |
|   | SHA 9208J - CS/FCI18                    |  |                    |                                   |  |       |  |
|   |   |  |                    | Call OI:                          |  | T     |  |
|   |   |  |                    | After call ltr to OI:             |  |       |  |
|   |   |  |                    | Documentation Check List:         | Handler T  | ypist |  |
|   |   |  |                    |                                   |  | ypist |  |
|   |   |  |                    | Notification ltr (if non-pickup   | )  |       |  |
|   |   |  |                    | After call ltr to OI:             |  |       |  |
|   |   |  |                    | Authorisation To Act:             | X  |       |  |
|   |   |  |                    | Release Voucher:                  | X  |       |  |
|   |   |  |                    | Final Repair Bill:                | X  |       |  |
|   |   |  |                    | Car Rental Invoice:               | X  |       |  |
|   |   |  |                    | Towing Invoice                    |  |       |  |
|   |   |  |                    | LTA / GIA :                       |  |       |  |
|   | SETTLED AND                             | CLOSED   |                    | Medical Bill:                     |  |       |  |
|   |   |  |                    | PIR:                              |  |       |  |
|   |   |  |                    | 1, 11/10                          | : X  |       |  |
|   |   |  |                    | Mandate/Reject Instruction        | X  |       |  |
|   |   |  |                    | LOD                               |  |       |  |
|   |   |  |                    | Payment Breakdown Form            | :  |       |  |
| RELIMINARY ADVICE                                   | Date/Time:                              | Sent By:   |                    | Post-Repair Photos:               |  |       |  |
| CELIMINARI ADVICE                                   |   |  |                    | Others:                           |  |       |  |
| THE PERSON  | Date/Time:                              | Confirm with:  |                    | Confirm by:                       |  |       |  |
| NALIZATION Phair Cost: P/P                          | 222 22 1                                | days) Reduction: 82.40   | %                  | Email                             | Call   |       |  |
| pan com.  | S\$ 889.28 ( I<br>Date/Time: 28/04/2020 | Confirm with SHAFAWA   |                    | Email X Call                      |  |       |  |
| NAL SETTLEMENT                                      |   | Assessed) BOLA S/N No.: 16   |                    | If NO or B 28, Ass. Lia:          |  |       |  |
| nal Liability:                                      |   | Assessed) BOLA 3/14 No To  |                    |                                   |  |       |  |
| epair Cost: (W/GST)                                 | ss 951.53                               | .5 days) X \$126.05  |                    | Olenerosehed                      | oontro la  |       |  |
| oss of Rental (LOR):                                |   |  |                    | Ol encroached centre lane         |  |       |  |
| oss of Use (LOU):                                   | \$\$ 25.00 (\$ 50.00× 0.5 days)         |  |                    | divider and hit TP vehicle on the |  |       |  |
| oss of Income (LOI):                                | S\$ - (\$ x                             | days)  | nol                | opposite lane                     |  |       |  |
| OR only LOU only                                    | LOR + LOU X L                           | OR + LOI [Tick only or   | nej                | 11111111111                       |  |       |  |
| IA/LTA Search                                       | SS -                                    |  |                    | 1) Claim status: Normal/R         | eiect/Private S  | ettle |  |
| ledical:  | SS -                                    |  |                    | 2) Report Format:                 | TP   |       |  |
| Disbursement:                                       | S\$                                     | (e.g. Tow/ Independe   | ent )              |                                   | \$350.00   |       |  |
| egal Cost   | SS -                                    | 4 000 0  | 0                  | 3) Survey fee:                    | <del>4000.00</del>   |       |  |
| otal:   | s\$ 1,039.56                            | Global Sum S\$: 1,000.0  | IU                 | Email Call                        |  |       |  |
| INAL PAYMENT  | Date/Time:                              | Confirm with:  |                    | 21111111                          |  |       |  |
|   | ss 1,000.00                             | Name 1: PREMIER  | AUTOMOTI           | VE SERVICES P                     | IE LTD   |       |  |
| Payee 1:  | S\$ -                                   | Name 2:  |                    |                                   |  |       |  |
| Payee 2: (Strike if N.A.) Payee 3: (Strike if N.A.) | S\$ -                                   | Name 3:  |                    |                                   |  |       |  |
| James 2: (Strike if N A )                           | 99                                      |  |                    |                                   |  |       |  |