

INS. CASE OWNER:

MERINA CHIA

CC4/FCI20001069/T1pa3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

TAUFIKH

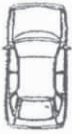
DOI:

12/01/2020

Date / Time : 16/01/2020

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 272X

Claim No. : D20000402MFSH

Name of Insured : CITYCAB PTE LTD

Policy No. : D-20094921MFSH

Insured Tel No. : _____ HP: _____

Make / Model : HYUNDAI IONIQ

Excess Sec II : S\$ _____ D.O.A : 14/01/2020 22:00

Place of Accident : PIE TOWARDS AIRPORT BEFORE TAMPINES AVE

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

If NO, Driver Name / Age : TAN YEW SENG

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

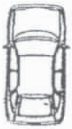
Driver Tel No. : +65-96721470 (V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SHD 3033U

SHC 272X

SHC 7798A



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

OI



INSRS:

WSP: DING

Tel : AUTOMOTIVE

Liability :

RMKS:

TP



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time		STAGE	DATE / PIC
	SHC 7798A - CS/FCI18014023/Ntbe2; DOA: 08.03.17	Non-Reporting ltr (1st):	
	SHC 272X - CC4/II20001044/Dga3; DOA: 14.01.2020	Non-Reporting ltr (2nd):	
	- CS/FCI15001921/Agbk3; DOA: 28.01.15	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:	%
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\$			
Disbursement:	S\$	(e.g. Tow/ Independent)		
Legal Cost	S\$			
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:

REF:

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

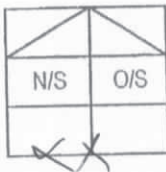
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

IDAC Accident Rpt:

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

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SHC 7778 A

Yr Regn:

2019, Oct.

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

Truck / Trailer or

Make:

Hyundai i20

C.C

1580

Colour

Yellow

A/C: Insured / Std / NI / NA

Sp. Reading

42615

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

11MHC851CVL4180906

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:

R:

195/65R15

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal.

R/Bal.

L/Bal.

L/Bal.

D.O.A.

D.O.I.

Survey held at

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?



: Preli. Report



: Final Report

1)

Date/Time, File Return to?

2)

Rep. Format:

Lump Sum / L.B.C. (%)

Days Of Repair:

Resurvey No. of Trip:

Add Fee:



: Site Insp (\$)



: Interview (\$)



: Tech. Invs (\$)



: Weekend (\$)

Survey Fee:

Transportation:

S + RS. \$

Photos

Others

TOTAL