15/5/2010

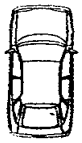
INS. CASE OWNER: MERINA CHIA | CC4/FCI20001288/Eea3 | LKK: IDAC:

ASSIGNMENT

Surveyor: STEVE DOI: 25/02/2020 Date / Time : 21/01/2020

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SHD 8593L Claim No. : D20000482MFSH

Name of Insured : CITYCAB PTE LTD Policy No. : D-20094921MFSH

Insured Tel No. : HP: Make / Model : HYUNDAI I40-1.7 D CRDI (A)

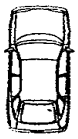
Excess Sec II :S$ D.O.A : 11/01/2020 21:50 Place of Accident : SERANGOON RD TWDS SYED ALWI RD, AFTER DESKER RD

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

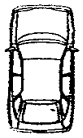
If **NO**, Driver Name / Age : MOHAMED ANVERDEEN S/O ABDUL HAMEED OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : +65-92950371 (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

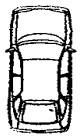
S 4203CD → → →



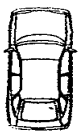
INSRS:
WSP: MOVA
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	S 4203CD - X	**STAGE** **DATE / PIC**
	SHD 8593L - CC4/FCI20000137/Fka3; DOA: 27.12.19	Non-Reporting ltr (1st):
	- CS/FCI18010473/Avd3n2; DOA: 29.03.18	Non-Reporting ltr (2nd):
	- NA/INC18005870/h4; DOA: 28.3.18	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:
PRELIMINARY ADVICE	Date/Time: Sent By:	Post-Repair Photos:
		Others:

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:	