15/5/2010

INS. CASE OWNER:

CC4/FCI20001374/Eha3

LKK:

IDAC:

ASSIGNMENT

Surveyor: STEVE DOI: 22/01/2020 Date / Time : 22/01/2020

Registered in Merimen: —

Pre-assign / CCU / FTE

Insured Vehicle No. : SHA 9310X

Name of Insured : CITYCAB PTE LTD

Insured Tel No. : HP:

Excess Sec II :S$

D.O.A : 19/01/2020 16:25

Is driver the owner? (YES / NO)

If NO, Driver Name / Age : OH KIM BENG

Driver Tel No. : +65-98234785 (V/L: YES / NO)

Claim No. : D20000525MFSH X

Policy No. : D-20094921MFSH

Make / Model : HYUNDAI IONIQ

Place of Accident : ALONG BUKIT BATOK EAST AVE 4

Nature of Accident :

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

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

SDB 7851G → → →

INSRS:
WSP: ETHOZ BB
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SDB 7851G - CF/AIG09000937/aj; DOA: 19.01.2020
	SHA 9310X - 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$	1) Claim status: Normal/Reject/Private Settle
Medical:	S$	2) Report Format:
Disbursement:	S$ (e.g. Tow/ Independent)	3) Survey fee:
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:	

Surveyor Steve | 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 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

Date: Person Contacted: Vehicle: IN / OUT

Veh No: SOB 7851G Yr Regn: 30/5/07

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

Make: Mitsubishi Lancer c.c 1584

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

Sp.Reading 157838 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JMYSTCS3A 7U 011621

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 195/55R15

R: "

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

Front		Rear	
R/Bal.	5 mm	R/Bal.	5 mm
L/Bal.	5 mm	L/Bal.	5 mm

D.O.A. 19/1/20 D.O.I. 22/1/20

Survey held at LETHOZ

Dos. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or Frnt LH

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

Date / Time	Action / Instruction
	MV - 16,000 PV - 11,917 NV - 4983

3778.70

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Proll. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

) $ + RS. SI

) Photos

) Others

) ..

TOTAL

Add Fee: ☐ : Site Insp ($

☐ : Interview ($

☐ : Tech Invs ($

☐ : Weekend ($

Report Format :

Lump Sum / I.B.I: ($)