

INS CASE OWNER: MERINA CHIA

~~CC4/FCI20001951/Aba3~~

ASSIGNMENT

Surveyor: ADRIAN

DOI: 4/12/2020

Date / Time: 3/12/2020

Registered in Merimen: =

Pre-assign / CCU / FTE

X



Insured Vehicle No. : SHA 9475D

Claim No. : D20000758MFSH

Name of Insured : CITYCAB PTE LTD

Policy No. : D-20094921MFSH

Insured Tel No. : HP: _____

Make / Model : TOYOTA PRIUS

Excess Sec II : S\$ _____

D.O.A : 30/01/2020 11:20

Place of Accident : TPE SLIP ROAD TO CTE AMK

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

If NO, Driver Name / Age : KOH SIANG HUAT

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

Driver Tel No. : +65-96824018 (V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SMN 4841K

INSRS:
WSP: NHT
Tel: _____
Liability: _____
RMKS: _____INSRS:
WSP: _____
Tel: _____
Liability: _____
RMKS: _____INSRS:
WSP: _____
Tel: _____
Liability: _____
RMKS: _____INSRS:
WSP: _____
Tel: _____
Liability: _____
RMKS: _____

Date / Time	STAGE	DATE / PIC
SHA9475D - CC3/AIG12022081/H1g2t2w2; DOA: 10.11.2012	Non-Reporting ltr (1st):	
SMN 4841K - X	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:	☐ ☐

19/06/2020 settled & closed

PRELIMINARY ADVICE		Date/Time:	Sent By:	Confirm with:	Confirm by:
FINALIZATION	Date/Time:	19/06/2020	Confirm with:	50K41 chow	Email ☒ Call ☐
Repair Cost:	S\$ 5,800.00	(8 days) Reduction:	27.27 %		
FINAL SETTLEMENT	Date/Time:	19/06/2020	Confirm with:	50K41 chow	Email ☒ Call ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. :	27		
Repair Cost: (w/gst)	S\$ 6,206.00				
Loss of Rental (LOR):	S\$ _____	(_____ days)			
Loss of Use (LOU):	S\$ 640.00	(S\$ 80 x 8 days)			
Loss of Income (LOI):	S\$ _____	(S\$ _____ x _____ days)			
LOR only ☐ LOU only ☒	LOR + LOU ☐ LOR + LOI ☐	[Tick only one]			
GIA/LTA Search	S\$ 7.45				
Medical:	S\$ _____				
Disbursement:	S\$ _____	(e.g. Tow/ Independent)			
Legal Cost	S\$ _____				
Total:	S\$ 6,853.45	Global Sum S\$:	6,850.00		
FINAL PAYMENT	Date/Time:	19/06/2020	Confirm with:	50K41 chow	Email ☐ Call ☐
Payee 1:	S\$ 6,850.00	Name 1:	NEW HOCK TECK MOTOR PTE LTD		
Payee 2: (Strike if N.A.)	S\$ _____	Name 2:	_____		
Payee 3: (Strike if N.A.)	S\$ _____	Name 3:	_____		

COPY SENT