15/5/2010

INS. CASE OWNER: MERINA CHIA | CC4/FCI20002018/Eea3 | LKK: IDAC:

ASSIGNMENT

Surveyor: STEVE DOI: 05/02/2020 Date / Time : 05/02/2020

Registered in Merimen: —

Pre-assign / CCU / FTE

Insured Vehicle No. : SHC 7591D Claim No. : D20000613MFSH X

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 : 23/01/2020 07:15 Place of Accident : AYE(TUAS) BF EXIT 7A

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

If **NO**, Driver Name / Age : THUM YUE FATT OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : +65-96318701 (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SHC 7591D → SGA 7163D → SMK 6218M →

INSRS:
WSP:
Tel :
Liability :
RMKS: OI

INSRS:
WSP: FORZA
Tel : AUTOHAUS
Liability :
RMKS: TP

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SGA 7163D - CC5/AIG08017192/Ac; DOA: 08.06.08
	SHC 7591D - CC3/AXA11009667/H1q1t3k2; DOA: 20.05.11
	MARKET VALUE: $ 6,500
	LTA REBATE : $ 4,589
	NETT VALUE : $ 1,911

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~~: N.V	S$ 1,911.00	(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: TP / WP
Legal Cost	S$		3) Survey fee: $380
Total:	**S$**	**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:	