15/5/2010

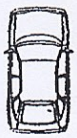
INS. CASE OWNER: MERINA CHIA | CC4/FCI20002033/Aka3 | LKK: | IDAC:

ASSIGNMENT

Surveyor: ADRIAN DOI: 05/02/2020 Date / Time: 04/02/2020

Registered in Merimen: —

Pre-assign / CCU / FTE X



Insured Vehicle No. : SHC 992B Claim No. : D20000763MFS

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

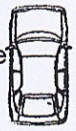
Insured Tel No. : HP: Make / Model : MERCEDES-BENZ VIANO

Excess Sec II :S$ D.O.A : 31/01/2020 19:30 Place of Accident : CTE(SLE)BF AMK AVE 1

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

If NO, Driver Name / Age : LOH HOCK LAI OI GIA REPORT: (YES) / NO ; TP GIA REPORT: (YES) / NO

Driver Tel No. : +65-93681076 (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SHC 992B →	SLE 965Y →	SJJ 299J →
		
INSRS:	INSRS:	INSRS:
WSP:	WSP: N-51	WSP:
Tel :	Tel : Automotive	Tel :
Liability :	Liability :	Liability :
RMKS: OI	RMKS: TP	RMKS:
		
		INSRS:
		WSP:
		Tel :
		Liability :
		RMKS:

Date/ Time	
	SLE 965Y - CC3/LCR17020920/T1ja3s2; DOA:01.11.17
	SHC 992B - NBA/CTI17023540/k4; DOA: 10.12.17
	- CS3/FCI16022474/H1tbs2; DOA : 11.11.16
	PAY Approval 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: Sum S$ 10100.00 (10 days) Reduction: 5% Email ☐ Call ☐

FINAL SETTLEMENT	Date/Time: 25/2/2020 Confirm with Alvin	Email ☐ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 26	If NO or B 28, Ass. Lia : 100
Repair Cost: W/Sum	S$ 10807.00	
Loss of Rental (LOR):	S$ 670.45 (11 days) X$ 60.95	3VEH C.C ; 01 CAST
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$ 7.45	
Medical:	S$ —	1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ — (e.g. Tow/ Independent)	2) Report Format: CTP
Legal Cost	S$ —	3) Survey fee: $ 600.00
Total:	S$ 11487.90 **Global Sum S$:** 11480.00	

FINAL PAYMENT Date/Time: Confirm with: Email ☐ Call ☐

Payee 1:	S$ 11480.00	Name 1:	N-51 Automotive Pte Ltd
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	