

15/5/2010

INS. CASE OWNER:

MERINA CHIA

CC4/FCI20002110/ Aka³

LKK:

IDAC:

Surveyor:

ADMAN

DOI:

ASSIGNMENT

2/3/2020

Date / Time : 06/02/2020

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SHB 2382D

Name of Insured : CITYCAB PTE LTD

Insured Tel No. : HP: —

Excess Sec II : S\$ D.O.A : 04/02/2020

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

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

Claim No. : D20000835MFSH

Policy No. : D-20094921MFSH

Make / Model : —

Place of Accident : —

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

Insured Liability : % Final ? Yes / No

SKW 2905A

INSRS:
WSP: N-51
Tel: AUTOMOTIVE
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/ Time	STAGE	DATE / PIC
SKW 2905A	Non-Reporting ltr (1st):	
SHB 2382D	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\$ 4200.00 (4 days) Reduction: 20 %

Email ☐ Call ☐

FINAL SETTLEMENT

Date/Time:

Confirm with:

Email ☒ Call ☐

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : N/A

If NO or B 28, Ass. Lia :

Repair Cost: S\$ 4494.00

Loss of Rental (LOR): S\$ 321.00 (3 days) X \$100.00

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\$ —

Disbursement: S\$ — (e.g. Tow/ Independent)

Legal Cost S\$ —

Total: S\$ 4822.45 Global Sum S\$: 4800.00

1) Claim status: Normal/Reject/Private Settle

2) Report Format: TP

3) Survey fee: \$350.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☒ Call ☐

Payee 1: S\$ 4800.00 Name 1: H-51 Automotive Pte Ltd

Payee 2: (Strike if N.A.) S\$ — Name 2: —

Payee 3: (Strike if N.A.) S\$ — Name 3: —