

15/5/2010

INS. CASE OWNER: MERINA CHIA

CC4/FCI20002143/ ea3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

DOI:

Date / Time : 06/02/2020

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SHD 8564X

Claim No. : D20000836MFSH

Name of Insured : CITYCAB PTE LTD

Policy No. : D-18088937MFSH

Insured Tel No. : _____ HP: _____

Make / Model : HYUNDAI I40

Excess Sec II : \$

D.O.A : 03/02/2020 19:05

Place of Accident : BELL WATER CONDO

Is driver the owner?

(YES / NO)

Nature of Accident : _____

If NO, Driver Name / Age : LEE LIM SUAN

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

Driver Tel No. : +65-98965284

(V/L: YES / NO)

Insured Liability : %

Final ? Yes / No

SMP 4064B

INSRS:
WSP: TROPICAL
Tel: SUCCESS
Liability: AUTO CARE
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/ Time	STAGE	DATE / PIC
SHD 8564X	Non-Reporting ltr (1st):	
SMP 4064B	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:
Repair Cost:	\$	(days) Reduction: %
		Confirm by: Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with:
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :
Repair Cost:	\$	If NO or B 28, Ass. Lia :
Loss of Rental (LOR):	\$	(days)
Loss of Use (LOU):	\$	(\$ x days)
Loss of Income (LOI):	\$	(\$ x days)
LOR only ☐ LOU only ☐	LOR + LOU ☐ LOR + LOI ☐	[Tick only one]
GIA/LTA Search	\$	
Medical:	\$	
Disbursement:	\$	(e.g. Tow/ Independent)
Legal Cost	\$	
Total:	\$	Global Sum \$:
FINAL PAYMENT	Date/Time:	Confirm with:
Payee 1:	\$	Name 1:
Payee 2: (Strike if N.A.)	\$	Name 2:
Payee 3: (Strike if N.A.)	\$	Name 3: