15/5/2010

INS. CASE OWNER: MERINA CHIA | CC4/FCI20002393/Hea3 | LKK: IDAC:

ASSIGNMENT

Surveyor: MRB DOI: 11/11/2020 Date / Time : 11/02/2020

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : SHC 7393J Claim No. : D20000898MFSH

Name of Insured : CITYCAB PTE LTD Policy No. : D-18088937MFSH

Insured Tel No. : HP: Make / Model : HYUNDAI IONIQ HYBRID-1.6 GLS DCT (A)

Excess Sec II :S$ D.O.A : 07/12/2019 20:25 Place of Accident : ALONG PIE TOWARDS TUAS

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

If NO, Driver Name / Age : CHONG NGIAP KWEE OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : +65-98291681 (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

GBF 2384Z → → →

INSRS:	INSRS:	INSRS:	INSRS:
WSP: C L AUTO	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
	GBF 2384Z - X SHC 7393J - CS/FCI19005993/Jsd3s2 ; DOA : 29.03.19 CS3/FCI15021419/Gqbc2 ; DOA : 11.12.15
	LIABILITY UNCLEAR.
03.03.20	MERINA REQUEST TO HOLD FOR 2 MORE DAY FOR OI V.ORLO
13.10.20	SEEK APPROVAL TO REJECT TP CLAIM.

Reject Case
By (staff) :
Approved by :
Date : 17/11/20

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: MRB

Repair Cost: L/S S$ 1,650.00 (5 days) Reduction: 72 % 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: $212
Total:	**S$** **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:	

SURVEY FEE: $140
TRANSPORT: $50
PHOTO : $22