15/5/2010

INS. CASE OWNER: MERINA CHIA | CC4/FCI20002412/ ba3 | LKK: | IDAC:

ASSIGNMENT

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

Pre-assign / CCU / FTE Registered in Merimen: _____

Insured Vehicle No. : SHA 8143T

Name of Insured : CITYCAB PTE LTD

Insured Tel No. : _____ HP: _____

Excess Sec II :S$ _____ D.O.A : 03/02/2020 10:50

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

If **NO**, Driver Name / Age : ONG KOCK HUE

Driver Tel No. : +65-97876268 (V/L: YES / NO)

Claim No. : D20000939MFSH X

Policy No. : D-20094921MFSH

Make / Model : HYUNDAI I40

Place of Accident : LENG KEE RD X ALEXANDRA RD

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

Insured Liability : % **Final ? Yes / No**

GBJ 4620H → → →

INSRS:
WSP: JIN AUTO
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHA 8143T - CS/FCI16012284/Ugh3d1; DOA: 02/07/2016 - CS/FCI14007036/M1tbk3; DOA: 11.04.14 GBJ 4620H CC3/CTI20002105/Fea3; DOA: 03.02.2020 *** CLAIMING EASH OTHERS ***
17/11/2020	cancel case / no survey done

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: S$ (days) Reduction: % Email ☐ Call ☐

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

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

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$

Disbursement: S$

Legal Cost S$ (e.g. Tow/ Independent)

Total: **S$** **Global Sum S$:**

If NO or B 28, Ass. Lia :

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

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:	