

15/5/2010

INS. CASE OWNER:

MERINA CHIA

CC4/FCI 20002821/Ana3

Aba3q2

LKK:

IDAC:

ASSIGNMENT

Surveyor:

ADRIAN

DOI: 17/02/2020

Date / Time: 17/02/2020

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SHB 4918X

Name of Insured : CITYCAB PTE LTD

Insured Tel No. : _____ HP: _____

Excess Sec II :S\$

D.O.A : 12/02/2020 20:15

Is driver the owner? (YES / ☒ NO)

Nature of Accident : _____

If NO, Driver Name / Age : FU HONG KAI

Driver Tel No. : _____

(V/L: YES / NO)

Claim No. : D20001013MFSH

Policy No. : D-20094921MFSH

Make / Model : HYUNDAI I40-1.7 D CRDI (A)

Place of Accident : ALONG NORTH BRIDGE ROAD
FROM CAPITAL PLAZA TAXI STOI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NO

Insured Liability : % Final ? Yes / No

X

SFB 7372Z

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

| Date/ Time | STAGE | DATE / PIC |
|--|-----------------------------------|--|
| SFB 7372Z - NA/AIG17000921/s4; DOA : 13.01.17 | Non-Reporting ltr (1st): | |
| SHB 4918X - CC4/ASM19001769/T1pa3q2; DOA: 25/01/19 | Non-Reporting ltr (2nd): | |
| CS3/FCI16006354/Gvbc2; DOA: 31/03/2016 | 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) | <input type="checkbox"/> <input type="checkbox"/> |
| | After call ltr to OI: | <input checked="" type="checkbox"/> <input type="checkbox"/> |
| | Authorisation To Act: | <input checked="" type="checkbox"/> <input type="checkbox"/> |
| | Release Voucher: | <input checked="" type="checkbox"/> <input type="checkbox"/> |
| | Final Repair Bill: | <input checked="" type="checkbox"/> <input type="checkbox"/> |
| | Car Rental Invoice: | <input checked="" type="checkbox"/> <input type="checkbox"/> |
| | Towing Invoice | <input type="checkbox"/> <input type="checkbox"/> |
| | LTA / GIA : | <input checked="" type="checkbox"/> <input type="checkbox"/> |
| | Medical Bill: | <input type="checkbox"/> <input type="checkbox"/> |
| | PIR: | <input type="checkbox"/> <input type="checkbox"/> |
| | Mandate/Reject Instruction: | <input checked="" type="checkbox"/> <input type="checkbox"/> |
| | LOD | <input checked="" type="checkbox"/> <input type="checkbox"/> |
| | Payment Breakdown Form: | <input type="checkbox"/> <input type="checkbox"/> |
| | Post-Repair Photos: | <input type="checkbox"/> <input type="checkbox"/> |
| | Others: | <input type="checkbox"/> <input type="checkbox"/> |

07/12/2020 SETTLED AND CLOSED / FILE IN DRAWER

| | | | |
|--|---|--|-------------------------------|
| PRELIMINARY ADVICE Date/Time: _____ Sent By: _____ | | Confirm by: _____ | |
| FINALIZATION Date/Time: _____ Confirm with: _____ | | Email <input type="checkbox"/> Call <input type="checkbox"/> | |
| Repair Cost: L/S | S\$ 3,700.00 (5 days) Reduction: 62 % | Email <input checked="" type="checkbox"/> | Call <input type="checkbox"/> |
| FINAL SETTLEMENT Date/Time: 07/12/2020 Confirm with MELODY | | If NO or B 28, Ass. Lia : _____ | |
| Final Liability: | % 100 (Agreed / Assessed) BOLA S/N No. : NIL | Insured vehicle from taxi stand entering main road. | |
| Repair Cost: (W/GST) | S\$ 3,959.00 | | |
| Loss of Rental (LOR): | S\$ 1,284.00 (8 days) X \$160.50 | | |
| Loss of Use (LOU): | S\$ (\$ x days) | | |
| Loss of Income (LOI): | S\$ (\$ x days) | | |
| LOR only <input checked="" type="checkbox"/> LOU only <input type="checkbox"/> | LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one] | | |
| GIA/LTA Search | S\$ 7.45 | 1) Claim status: Normal/Reject/Private Settle | |
| Medical: | S\$ (c.g. Tow/ Independent) | 2) Report Format: TP | |
| Disbursement: | S\$ | 3) Survey fee: \$350.00 | |
| Legal Cost | S\$ | | |
| Total: | S\$ 5,250.45 Global Sum S\$: 5,250.00 | Email <input type="checkbox"/> Call <input type="checkbox"/> | |
| FINAL PAYMENT Date/Time: _____ Confirm with: _____ | | | |
| Payee 1: | S\$ 5,250.00 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: _____ | | |