15/5/2010

INS. CASE OWNER: MERINA CHIA

CC4/FCI20002868/Aea3

~~CC4/FCI20002868/ ka3~~

LKK:

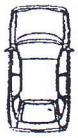
IDAC:

ASSIGNMENT

Surveyor: ADRIAN DOI: 25/02/2020 Date / Time : 18/02/2020

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 7591D

Name of Insured : CITYCAB PTE LTD

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 15/02/2020 10:10

Is driver the owner? (YES / NO)

If **NO**, Driver Name / Age : THUM YUE FATT

Driver Tel No. : +65-96318701 (V/L: YES / NO)

Claim No. : D20001073MFSH X

Policy No. : D-20094921MFSH

Make / Model : TOYOTA PRIUS

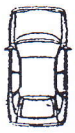
Place of Accident : STADIUM ROUNDABOUT TOWARDS MOUNTBATTEN RD

Nature of Accident :

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

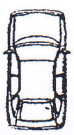
Insured Liability : % **Final ? Yes / No**

SMR 9656A → → →



INSRS:
WSP: PROGRESSIVE
Tel : CAR CARE
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SMR 9656A - X
	SHC7591D - CC3/AXA11009667/H1q1t3k2;DOA:20/05/11
	CC4/FCI20002018/Eea3; DOA: 23/01/2020
	NS/INC20002727/Ftf3; DOA: 06.02.2020

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: LWP

Repair Cost: P/P S$ 2,743.68 (5 days) Reduction: 36 % 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)	survey fee: $135
Loss of Use (LOU):	S$	($ x days)	trip: $50
Loss of Income (LOI):	S$	($ x days)	photo: $11
LOR only ☐ LOU only ☐		LOR + LOU ☐ LOR + LOI ☐ [Tick only one]	
GIA/LTA Search	S$		
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: $196
Total:	**S$**	**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:	