

INS. CASE OWNER:

RACHEL WU

CC4/FCI20002886/ K da3

LKK:

IDAC:

Surveyor:

Kenneth

DOI:

ASSIGNMENT

26/4/2020

Date / Time : 18/02/2020

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 7547H

Claim No. : D20001038MFSH X

Name of Insured : CITYCAB PTE LTD

Policy No. : D-20094921MFSH

Insured Tel No. : _____ HP: _____

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

Excess Sec II :S\$ _____ D.O.A : 15/02/2020 12:45

Place of Accident : ALONG AG MO KIO AVE 6 JUNCTION OF AVE 5

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

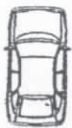
If NO, Driver Name / Age : KOI SENG SOON

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

Driver Tel No. : +65-97593961 (V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SMN 7758Z

INSRS:
WSP: COMPLETE
Tel: VMS PTE LTD
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/ Time	STAGE		DATE / PIC
SMN 7758Z - X	Non-Reporting ltr (1st):		
SHC 7547H - CC3/AXA13001910/H1hf3c3; DOA: 22/01/13	Non-Reporting ltr (2nd):		
CS3/FCI19007828/Acd3s2; DOA: 23/04/19	Non-Reporting ltr (Final):		
NS/INC11018735/H1qn; DOA: 11/09/2011	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 type="checkbox"/>	<input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/>	<input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/>	<input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/>	<input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/>	<input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/>	<input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/>	<input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>	<input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/>	<input type="checkbox"/>
	LOD	<input type="checkbox"/>	<input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>	<input type="checkbox"/>
PRELIMINARY ADVICE Date/Time:	Sent By:		Post-Repair Photos: <input type="checkbox"/>
			Others: <input type="checkbox"/>
FINALIZATION Date/Time:	Confirm with:		Confirm by:
Repair Cost: S\$ _____	(_____ days) Reduction: % _____	Email <input type="checkbox"/>	Call <input type="checkbox"/>
FINAL SETTLEMENT Date/Time:	Confirm with		Email <input type="checkbox"/> Call <input type="checkbox"/>
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 <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [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: WP
Legal Cost S\$ _____			3) Survey fee: \$306
Total: S\$ _____	Global Sum S\$:		
FINAL PAYMENT Date/Time:	Confirm with:		Email <input type="checkbox"/> Call <input type="checkbox"/>
Payee 1: S\$ _____	Name 1: _____		
Payee 2: (Strike if N.A.) S\$ _____	Name 2: _____		
Payee 3: (Strike if N.A.) S\$ _____	Name 3: _____		

ASS. REC. BY:

REF: FCI

ASSIGNMENT

From:

Date:

26.2.2020

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

SMN 7758 Z

at Workshop m/s

Compute Vms

of

Blk 176 sin ming Drive A03-14

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

Bal. or Market Value:

845k

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

02

days

Res.:

Yes or No

Lum Sum:

20

%

3 Val.:

Yes or No

CA / REV / REP. / 24 HRS

mp

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SMN 7758 Z

Yr Regn:

06 12

Type: ☒ M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

Mw C180

c.c

1597

Colour

M. Black

A/C:

Insured / Std / NI / NA

Sp. Reading

125826

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

WDD 2040 452A 71980

Gen. Cond: ☒ Good / Fair / Poor / BurntSteering: ☒ Inorder / Jammed / Leaked / Burnt orBrake: ☒ Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

R:

225/45 R17

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

15/2/20

D.O.I.

28/2/20

Survey held at

Des. of Damages: Frt / ☒ Rear / O/S / N/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Photos

Others

TOTAL

\$140

\$50

\$50+\$50

\$16

\$306

Report Format :

Lump Sum / L.B.J: (\$

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$