INS. CASE OWNER: MERINA CHIA | CC4/FCI20002891/ Kha3 | LKK / IDAC

ASSIGNMENT

Surveyor: Kenneth DOI: 20/12/2020 Date / Time: Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No	SHA 8738C	Claim No.	D20001003MFSH
Name of Insured	CITYCAB PTE LTD	Policy No.	D-20094921MFSH
Insured Tel No.	HP:	Make / Model	
Excess Sec II :S$	D.O.A: 11/02/2020 13:45	Place of Accident	BLK 466 HOUGANG AVE 8 CAR PARK
Is driver the owner?	(YES / NO)	Nature of Accident	
If NO, Driver Name / Age		OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO	
Driver Tel No.	(V/L: YES / NO)	Insured Liability: %	Final ? Yes / No

SGH 6381K →

INSRS: AH LIM MOTOR	INSRS:	INSRS:	INSRS:
WSP:	WSP:	WSP:	WSP:
Tel:	Tel:	Tel:	Tel:
Liability:	Liability:	Liability:	Liability:
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
	SGH 6381K - X
	SHA 8738C - CS/FCI15000436/M1tj3d1; DOA: 04.01.15
	OINR.
28/02/2020	- MUS REQUIRED. OLD OVERRUED LANE.
	- OTHER LIABILITY MANDATE
03/03/2020	- FCI AGREED DS
	- OWNHL LIABILITY CLEAR
	- TYPE REPORT WHILE PENDING TP LOD
	- REPORT DONE
29/6/2020	SETTLED & closed.

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: 21/02/2020 Sent By: 03

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: T/P S$ 330.00 (1 days) Reduction: 86 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 27/08/2020 Confirm with MUI HONG Email ☒ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No.: 15	If NO or B 28, Ass. Lia :
Repair Cost: (T/PR)	S$ 353.10	(OLD OVERRUED LANE)
Loss of Rental (LOR):	S$ - (days)	
Loss of Use (LOU):	S$ 80.00 ($ 80 x 1 days)	
Loss of Income (LOI):	S$ - ($ x days)	
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]		
GIA/LTA Search	S$ 7.45	
Medical:	S$ -	1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ - (e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S$ -	3) Survey fee: $ 350.00
Total:	S$ 440.55 **Global Sum S$:** -	

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

Payee 1:	S$ 440.55	Name 1:	AH LIM MOTOR COMPANY.
Payee 2: (Strike if N.A.)	S$ -	Name 2:	-
Payee 3: (Strike if N.A.)	S$ -	Name 3:	-