

INS. CASE OWNER:

MERINA CHIA

CC4/FCI20003085/ K da3

LKK:

IDAC:

Surveyor:

Kenneth

DOI:

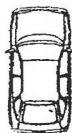
ASSIGNMENT

26/2/2020

Date / Time : 21/02/2020

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 7597M

Name of Insured : CITYCAB PTE LTD

Insured Tel No. : HP:

Excess Sec II : \$

D.O.A : 24/01/2020 00:05

Is driver the owner?

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age : LEE SWEE HANG

Driver Tel No. : +65-98271511

(V/L: YES / NO)

Claim No. : D20000640MFSH

Policy No. : D-20094921MFSH

Make / Model : HYUNDAI IONIQ

Place of Accident : PAYA LEBAR ROAD

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

Insured Liability : % Final ? Yes / No

SLW 6757Y



INSRS:

WSP: LIM TAN

Tel :

Liability :

RMKS:



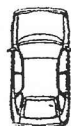
INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SLW 6757Y - CC4/ASM19012231/Kpb3q2 ; 08/07/19
NA/INC20001464/r3 ; 24/01/2020SHC 7597M - CC3/AIG16022427/H1ub3q2 ; 21.11.16
CS/FCI14008422/R1qm3d1 ; 01.05.14
NA/INC20001464/r3 ; 24.1.2020

10/9/2020 - PMS TO ADMIN TO CLOSE, SUPP DOCS UPLOADED IN VIEWS

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\$ 800.00

(3 days) Reduction: 24 %

Email ☐ Call ☐

FINAL SETTLEMENT

Date/Time: 8/9/2020

Confirm with Mandy

Email ☒ Call ☐

Final Liability:

% 100

(Agreed / Assessed) BOLA S/N No. : 15

If NO or B 28, Ass. Lia :

Repair Cost: (6/6/1)

S\$ 856.00

Loss of Rental (LOR):

S\$ 405.00 (3 days) x \$135

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\$ -

(e.g. Tow/ Independent)

Legal Cost

S\$ -

1) Claim status: Normal/Reject/Private Settle

2) Report Format: TP

3) Survey fee: \$350

Total:

S\$ 1261.00

Global Sum S\$:

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Payee 1:

S\$ 1261.00

Name 1:

Lim Tan Motor Pte Ltd

Payee 2: (Strike if N.A.)

S\$

Name 2:

Payee 3: (Strike if N.A.)

S\$

Name 3: