

INS. CASE OWNER:

MERINA CHIA

CC4/FCI20003426/ A ea3

LKK:

IDAC:

Surveyor:

DOI:

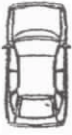
ASSIGNMENT

Date / Time : 02/03/2020

Registered in Merimen: —

Pre-assign / CCU / FTE

X



Insured Vehicle No. : SHA 615B

Claim No. : D20001243MFSH

Name of Insured : CITYCAB PTE LTD

Policy No. : D-19092579MFSH

Insured Tel No. : HP: —

Make / Model : HYUNDAI IONIQ HYBRID-1.6 GLS DCT

Excess Sec II : \$ D.O.A : 15/05/2019 04:50

Place of Accident : ALONG JURONG EAST ST 24 YUHUA MARKET CARPARK

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

If NO, Driver Name / Age : ONG HWEE LENG

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

Driver Tel No. : +65-90626421 (V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SLG 1043R

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

Date/ Time	STAGE	DATE / PIC
SLG 1043R - NA/INC19008629/k4; DOA : 15.5.19	Non-Reporting ltr (1st):	
SHA 615B - FCI18004800/K1vd3n2 ; DOA : 11/03/2018	Non-Reporting ltr (2nd):	
NS/INC12023687/H1y1z1 ; DOA: 01/12/2012	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"/>
	After call ltr to OI:	<input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/>
	Towing Invoice:	<input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/>
	LOD	<input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>
PRELIMINARY ADVICE Date/Time:	Post-Repair Photos:	<input type="checkbox"/>
Sent By:	Others:	<input type="checkbox"/>
FINALIZATION Date/Time:	Confirm by: LWP	
Repair Cost: L/S S\$ 950 (2 days) Reduction: 64 %	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\$		
Disbursement: S\$ (e.g. Tow/ Independent)		
Legal Cost S\$		
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:		

SURVEY FEE: \$110
 TRANSPORT: \$150
 PHOTO : \$31

1) Claim status: Normal/~~Rejected/Under Review~~
 2) Report Format: TP/WP
 3) Survey fee: \$291