

INS. CASE OWNER:

MERINA CHIA

CC4/FCI20003426/ A ea3

LKK:

IDAC:

Surveyor:

DOI:

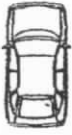
ASSIGNMENT

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 :S\$

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)	☐ ☐
		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\$	(days) Reduction: %	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)	
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\$		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S\$	(e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S\$		3) Survey fee:
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:	

REF: Fc1

ASS. REC. BY:

ASSIGNMENTFrom: _____ Date: 2/3/2020

Estimated Cost: _____

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

To Inspect Vehicle No: SLG 1043Rat Workshop m/s N51of 2 kgk Bukit Aw 2 701-18

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.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: _____ days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS up

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SLG 1043R Yr Regn: 2016 Sept.Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Honda Vezel c.c. 1496Colour: White A/C: Insured / Std / NI / NASp. Reading: 58018 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: Ru11112973Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 225/50R17R: 225/50R17

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

TOYO / YOKO or Hankook

Front

Rear

R/Bal. 06 mm R/Bal. 06 mmL/Bal. 06 mm L/Bal. 06 mmD.O.A. _____ D.O.I. 02/03/20Survey held at N51

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or

Rear o/s

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

TP 1st Cap.

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Report Format: _____

Lump Sum / L.B.I. (\$) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

☐

: Site Insp (\$ _____)

☐

: Interview (\$ _____)

☐

: Tech. Invs (\$ _____)

☐

: Weekend (\$ _____)

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL