

INS. CASE OWNER: MERINA CHIA

CC4/FCI20004215/ A ba3

LKK:
IDAC:

ASSIGNMENT

Surveyor:

Adrian

DOI:

19/03/2020

Date / Time:

19/03/2020

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SHA 8721A
 Name of Insured : CITYCAB PTE LTD
 Insured Tel No. : HP: _____
 Excess Sec II : S\$ _____ D.O.A : 15/03/2020
 Is driver the owner? (YES / ☒ NO) Nature of Accident : _____

Claim No. : D20001517MFSH
 Policy No. : D-20094921MFSH
 Make / Model : HYUNDAI I40-1.7 D CRDI (A)
 Place of Accident : ALONG CAVENAGH RD TOWARDS KERAMAT RD

If NO, Driver Name / Age : SIM YANG KWANG

Driver Tel No. : 97471485

(V/L: YES / NO)

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

Insured Liability : % Final ? Yes / No

SKJ 929M



INSRS:
WSP: JACK CARS
Tel: ENTERPRISE
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/ Time	STAGE	DATE / PIC
	SKJ 929M - X	Non-Reporting ltr (1st):
	SHA 8721A - CS/FCI19007286/Kvd3n2 18/04/2019	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) <input type="checkbox"/> <input type="checkbox"/>
		After call ltr to OI: <input type="checkbox"/> <input type="checkbox"/>
		Authorisation To Act: <input checked="" type="checkbox"/> <input type="checkbox"/>
		Release Voucher: <input checked="" type="checkbox"/> <input type="checkbox"/>
		Final Repair Bill: <input checked="" type="checkbox"/> <input type="checkbox"/>
		Car Rental Invoice: <input checked="" type="checkbox"/> <input type="checkbox"/>
		Towing Invoice <input type="checkbox"/> <input type="checkbox"/>
		LTA / GIA : <input checked="" type="checkbox"/> <input type="checkbox"/>
		Medical Bill: <input type="checkbox"/> <input type="checkbox"/>
		PIR: <input type="checkbox"/> <input type="checkbox"/>
		Mandate/Reject Instruction: <input checked="" type="checkbox"/> <input type="checkbox"/>
		LOD <input checked="" type="checkbox"/> <input type="checkbox"/>
		Payment Breakdown Form: <input type="checkbox"/> <input type="checkbox"/>
		Post-Repair Photos: <input type="checkbox"/> <input type="checkbox"/>
		Others: <input type="checkbox"/> <input type="checkbox"/>
10/09/2020	SETTLED AND CLOSED / FILE IN DRAWER	

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost: P/P S\$ 4,363.32 (3 days) Reduction: 34.63 %

Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 07/09/2020 Confirm with: THANA

Email ☒ Call ☐

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : NIL

If NO or B 28, Ass. Lia :

Repair Cost: (W/GST) S\$ 4,668.75

Insured vehicle hit TP which in stationary.

Loss of Rental (LOR): S\$ 1,050.00 (7 days) X \$150.00

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\$ 7.45

Medical: S\$ (e.g. Tow/ Independent)

Disbursement: S\$

Legal Cost S\$

Total: S\$ 5,726.20 Global Sum S\$: 5,650.00

Email ☐ Call ☐

FINAL PAYMENT

Date/Time:

Confirm with:

Payee 1: S\$ 5,650.00

Name 1: JACK CARS ENTERPRISE PTE LTD

Payee 2: (Strike if N.A.) S\$

Name 2:

Payee 3: (Strike if N.A.) S\$

Name 3: