

INS. CASE OWNER: MERINA CHIA

CC4/FCI20004291/Kea3

LKK:

IDAC:

ASSIGNMENT

Surveyor: KENNETH

DOI: 20/3/2020

Date / Time : 20/3/2020

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 7282X

Claim No. : D20001571MFSH

Name of Insured : CITYCAB PTE LTD

Policy No. : D-20094921MFSH

Insured Tel No. : HP: 1813/2020

Make / Model : —

Excess Sec II : S\$

D.O.A : 18/3/2020

Place of Accident : —

Is driver the owner? (YES / NO)

Nature of Accident : —

If NO, Driver Name / Age :

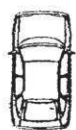
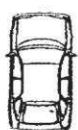
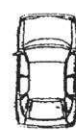
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

(V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SMJ 4913H

INSRS:
WSP: CHENG HOE
Tel : MOTOR
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SMJ 4913H - X	Non-Reporting ltr (1st):	
	SHC 7282X - CC3/CTI18015268/R1wa3n2 15/08/2018	Non-Reporting ltr (2nd):	
	CS/FCI14013659/T1abk3 16/07/2014	Non-Reporting ltr (Final):	
	CS/FCI14023301/Uvbu2 13/12/2014	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:		Confirm by: KSC
FINALIZATION		Date/Time:	Confirm with:		Confirm by: KSC
Repair Cost:	L/S S\$ 4,950.00	(6 days)	Reduction:	42 %	%EXCLUDE CHECK ITEM \$1,455.33 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\$				
Disbursement:	S\$	(e.g. Tow/ Independent)		1) Claim status: Normal/Reject/Private Settle	
Legal Cost	S\$			2) Report Format: TP / WP	
Total:	S\$	Global Sum S\$:		3) Survey fee: \$225.00	
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:			

ASS. REC. BY:

REF:

1021

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

of

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.

Bal. or Market Value:

981K

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

06

days

Res.: Yes or No

Lum Sum:

20

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

Veh No:

SMT 491314r Regn: 09, 15

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

Toy Velifire

c.c

2493

Colour

M. Black

A/C:

Insured / Std / NI / NA

Sp. Reading

196064

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

AGH 30. 0024419

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: Nil / SRim / STD A/Rim or

Tyre Size:

F:

235/50R18

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or

Front

R/Bal.

4

mm

Rear

R/Bal.

4

mm

L/Bal.

4

mm

L/Bal.

4

mm

D.O.A.

18/3/20

D.O.I.

20/3/2020

Survey held at

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

N/S body

The U/C / Chassis frame / Body Structure affected due to collision.

Date/Time, File Pass to?

☐

: Prell. Report

☐

: Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Survey Fee:

\$160.00

Transportation:

\$50.00

S + RS. SI

Fees

\$15.00

Others

TOTAL

\$225.00

Report Format :

Lump Sum / I.B.I: (\$