

INS. CASE OWNER: MERINA CHIA

CC4/FCI20004307/ ea3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

Kenneth

DOI: 110412020

Date / Time : 110412020

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 533T
 Name of Insured : CITYCAB PTE LTD
 Insured Tel No. : 65508768 HP: _____

Claim No. : D20001577MFSH

Policy No. : D-20094921MFSH

Make / Model : TOYOTA PRIUS

Excess Sec II :S\$ _____ D.O.A : 14/03/2020

Place of Accident : THOMSON GROVE OPEN SPACE CARPARK

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

If NO, Driver Name / Age : CHUA CHONG BEE

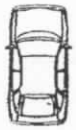
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : 93550088

(V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SGV 223A



INSRS:
WSP: LAI HUAT
Tel : (MENG KEE)
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SGV 223A - X	STAGE	DATE / PIC
	SHC 533T - CC3/AXA11011061/H1q1dk2 07/06/2011	Non-Reporting ltr (1st):	
	CC3/FCI15018383/Kqbc2 07/06/2015	Non-Reporting ltr (2nd):	
	CS/FCI10023737/Ubn 20/11/2010	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 type="checkbox"/> <input type="checkbox"/>
		Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
		Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
		Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
		LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
		PIR:	<input type="checkbox"/> <input type="checkbox"/>
		Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
		LOD	<input 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"/>
PRELIMINARY ADVICE Date/Time: _____ Sent By: _____			
FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: KSC			
Repair Cost: P/P S\$ 250.00 (1 days) Reduction: 17 % 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: \$80
 TRANSPORT: \$50
 PHOTO : \$8

1) Claim status: Normal/~~Revised/Partial Settlement~~
 2) Report Format: TP/WP
 3) Survey fee: \$138