15/5/2010

INS. CASE OWNER: mering

CC4/FCI20004439/ E ea3

LKK:

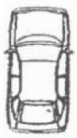
IDAC:

ASSIGNMENT

Surveyor: STEVE DOI: 26/3/2020 Date / Time :

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SHB 2138T

Name of Insured : CITYCAB PTE LTD

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 17/03/2020

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

If **NO**, Driver Name / Age :

Driver Tel No. : (V/L: YES / NO)

Claim No. : D20001594MFSH

Policy No. : D-20094921MFSH

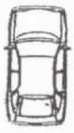
Make / Model : HYUNDAI I40-1.7 D CRDI (A)

Place of Accident : ENG TENG FONG HOSPITAL TOWER C GATEWAY

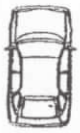
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No**

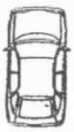
SLP 1930H → → →



INSRS:
WSP: CHARN'S CUSTOMCRAFT
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SLP 1930H - X
	SHB 2138T - X

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
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)		
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: CTY
Repair Cost: P/P	S$ 235.00	(2 days) Reduction: 70 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 07.08.20	Confirm with DESIREE	Email ☐ Call ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 251.45	OID HIT STATIONARY TP	
Loss of Rental (LOR) w/GST	S$ 128.40	(1 days) X $120	
Loss of Use (LOU):	S$ -	($ 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 Scene~~
Disbursement:	S$ -	(e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S$ -		3) Survey fee: $350
Total:	**S$ 379.85**	**Global Sum S$:**	
FINAL PAYMENT	Date/Time: 07.08.20	Confirm with: DESIREE	Email ☐ Call ☐

Payee 1:	S$ 379.85	Name 1:	CHARN'S CUSTOMCRAFT
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	