

INS. CASE OWNER:

ASSIGNMENT

Surveyor:

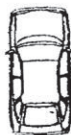
ADRIAN

DOI: 27/03/2020

Date / Time : 27/03/2020

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 7082E

Name of Insured : CITYCAB PTE LTD

Insured Tel No. : _____ HP: _____

Excess Sec II : S\$

Is driver the owner? (YES / NO)

D.O.A : 25/03/2020 14:25

Nature of Accident : _____

Claim No. : _____

Policy No. : _____

Make / Model : _____

Place of Accident : JUNCTION JLN BUKIT MERAH & KIM TIAN ROAD

If NO, Driver Name / Age :

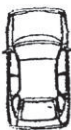
Driver Tel No. :

(V/L: YES / NO)

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

Insured Liability : % Final ? Yes / No

SLQ 9078K

INSRS:
WSP: MG SOLUTION
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
SHC 7082G - CC3/AIG13004945/M1a2t2y ; 12/03/2013	Non-Reporting ltr (1st):	
CC3/AIG14011446/H1za3q2 ; 15/06/2014	Non-Reporting ltr (2nd):	
NA/AIG20004549/z4 : 25/03/2020	Non-Reporting ltr (Final):	
SLQ 9078K - NA/AIG20004549/z4 ; 25.03.2020	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: _____	
FINALIZATION Date/Time: _____ Confirm with: _____	Email ☐ Call ☐	
Repair Cost: S\$ _____ (_____ days) Reduction: % _____	Email ☐ Call ☐	
FINAL SETTLEMENT Date/Time: _____ Confirm with: _____	If NO or B 28, Ass. Lia : _____	
Final Liability: % _____ (Agreed / Assessed) BOLA S/N No. : _____		
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\$ _____	1) Claim status: Normal/Reject/Private Settle	
Medical: S\$ _____ (e.g. Tow/ Independent)	2) Report Format: _____	
Disbursement: S\$ _____	3) Survey fee: _____	
Legal Cost S\$ _____		
Total: S\$ _____ Global Sum S\$: _____	Email ☐ Call ☐	
FINAL PAYMENT Date/Time: _____ Confirm with: _____		
Payee 1: S\$ _____ Name 1: _____		
Payee 2: (Strike if N.A.) S\$ _____ Name 2: _____		
Payee 3: (Strike if N.A.) S\$ _____ Name 3: _____		

