

15/5/2010

CC4/FCI20004926/Kba3q2

LKK:

INS. CASE OWNER:

RACHEL WU

~~CC4/FCI20004926/Kba3~~

IDAC:

ASSIGNMENT

Surveyor: KENNETH

DOI: 03.04.2020

Date / Time : 03.04.2020

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SHB 2330D

Name of Insured : CITYCAB PTE LTD

Insured Tel No. : _____ HP: _____

Excess Sec II : \$\$

D.O.A : 01/04/2020 07:45

Is driver the owner? (YES / ☒ NO)

Nature of Accident : _____

If NO, Driver Name / Age : _____

Driver Tel No. : _____

(V/L: YES / NO)

Claim No. : D20001764MFSH

Policy No. : D-20094921MFSH

Make / Model : _____

Place of Accident : 40 THOMSON GREEN

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

Insured Liability : % Final ? Yes / No

GBH 4972C

INSRS:
WSP: CITY AUTO
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
SHB 2330D - CS/FCI17003664/R1qbm2; 21.2.2017	Non-Reporting ltr (1st):	
- NS/INC13001803/H1zu2; 25.1.2013	Non-Reporting ltr (2nd):	
- CS/FCI11010411/Rfk3; 25.5.2011	Non-Reporting ltr (Final):	
GBH 4972C - X	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 checked="" 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 type="checkbox"/> <input type="checkbox"/>
	Towing Invoice	<input checked="" 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 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"/>
	Confirm by:	
PRELIMINARY ADVICE Date/Time: _____ Sent By: _____	Confirm with: _____	Email <input type="checkbox"/> Call <input type="checkbox"/>
FINALIZATION Date/Time: _____ Confirm with: _____	Repair Cost: P/P \$990.69 (2 days) Reduction: 63.12 %	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT Date/Time: 05/08/2020 Confirm with: VRONICA	Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 9	If NO or B 28, Ass. Lia : _____
Repair Cost: (W/GST) \$1,060.04	Loss of Rental (LOR): \$ (days)	OI TURN FROM MINOR ROAD AND HIT THIRD PARTY.
Loss of Use (LOU): \$180.00 (\$ 60 x 3 days)	Loss of Income (LOI): \$ (\$ x days)	
LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]	GIA/LTA Search \$	
Medical: \$	Disbursement: \$120.00 (e.g. <input checked="" type="checkbox"/> Fox / Independent)	1) Claim status: Normal/Reject/Private Settle
Legal Cost \$	Total: \$1,360.04 Global Sum \$5: 1,350.00	2) Report Format: TP
FINAL PAYMENT Date/Time: _____ Confirm with: _____	Payee 1: \$1,350.00 Name 1: CITY AUTO PTE LTD	3) Survey fee: \$350.00
Payee 2: (Strike if N.A.) \$	Payee 3: (Strike if N.A.) \$	Email <input type="checkbox"/> Call <input type="checkbox"/>

05/08/2020 SETTLED AND CLOSED

ASS. REC. BY:

REF:

PCZ/

McNeth

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:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

02 days

Res.: Yes or No

Lum Sum:

90 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

GB14 49725 Yr Regn: 06, 18

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

Truck / Trailer or

Make:

Iruzu NH

c.c

1898

Colour

White

A/C:

Insured / Std / NI / NA

Sp. Reading

91938

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JAA NHR 87 E.J 7100107

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / S/Rlm / STD A/Rlm or

Tyre Size:

F:

Mic

195R15X8

R:

Corda

155R13X8 (P)

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

R/Bal.

8

mm

Rear

R/Bal.

77

mm

L/Bal.

8

mm

L/Bal.

77

mm

D.O.A.

1/4/20

D.O.I.

3/4/2020

Survey held at

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

clsbody

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Prell. Report

1)

Date/Time, File Return to?

☐

: Final Report

2)

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

S + RS. \$

Fees

Others

TOTAL

Report Format :

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