

INS. CASE OWNER:

ASSIGNMENTSurveyor: **ADRIAN**DOI: **06/04/2020**Date / Time : **06/04/2020**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **SHA 8365U**

Claim No. : _____

Name of Insured : **CITYCAB PTE LTD**

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : S\$ _____ D.O.A : **04/04/2020**

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****SLJ 5339X**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
SLJ 5339X - NA/TMI20001510/r3 ; 24/01/2020	Non-Reporting ltr (1st):	
NA/TMI20004938/z4 ; 04/04/2020	Non-Reporting ltr (2nd):	
SHA 8365U - CS/TMI19000037/K1sbe2 ; 25/12/2018	Non-Reporting ltr (Final):	
NA/TMI20004938/z4 ; 04/04/2020	Notification ltr (if non-pickup):	
NS/INC13018487/H1gbk3 ; 02/10/2013	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: LWP		
Repair Cost: L/S S\$ 4,300.00 (6 days) Reduction: 54 % Email ☐ Call ☐		
FINAL SETTLEMENT Date/Time: 22.09.20 Confirm with: MS WONG Email ☐ Call ☐		
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27 If NO or B 28, Ass. Lia :		
Repair Cost: w/GST S\$ 4,601.00 OID REAR ENDED TP		
Loss of Rental (LOR): S\$ - (_____ days)		
Loss of Use (LOU): S\$ 720.00 (\$ 80 x 9 days)		
Loss of Income (LOI): S\$ - (\$ _____ x _____ days)		
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]		
GIA/LTA Search S\$ 7.45		
Medical: S\$ -		
Disbursement: S\$ - (e.g. Tow/ Independent)		
Legal Cost S\$ -		
Total: S\$ 5,328.45 Global Sum S\$: 5,300.00		
FINAL PAYMENT Date/Time: 22.09.20 Confirm with: MS WONG Email ☐ Call ☐		
Payee 1: S\$ 5,300.00 Name 1: MG SOLUTION PTE LTD		
Payee 2: (Strike if N.A.) S\$ _____ Name 2: _____		
Payee 3: (Strike if N.A.) S\$ _____ Name 3: _____		