15/5/2010

INS. CASE OWNER: RACHEL WU

CC4/FCI20005053/Eea3

LKK:

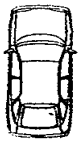
IDAC:

ASSIGNMENT

Surveyor: STEVE DOI: 08/04/2020 Date / Time : 08/04/2020

Registered in Merimen: ——

Pre-assign / CCU / FTE



Insured Vehicle No. : SHB 2020Z Claim No. : D20001782MFSH

Name of Insured : CITYCAB PTE LTD Policy No. : D-20094921MFSH

Insured Tel No. : HP: Make / Model :

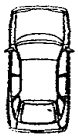
Excess Sec II :S$ D.O.A : 02/04/2020 Place of Accident : ALONG GEYLANG ROAD AFTER GEYLANG LORONG 3 EXIT

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

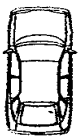
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

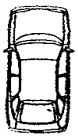
SHC 7534U → → →



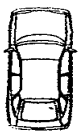
INSRS:
WSP: DING AUTOMOTIVE
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SHC 7534U - NM/INC11019399/j1 20/09/2011	Non-Reporting ltr (1st):	
	SHB 2020Z - CC3/AIG09025379/Cn1jr1 09/11/2009	Non-Reporting ltr (2nd):	
	CC3/AIG13022525/Ysy3w2 26/11/2013	Non-Reporting ltr (Final):	
	CC3/FCI15011391/Kqy3k3 06/03/2015	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$ 5,087.41 (6 days) Reduction: 37 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 19.11.20 Confirm with HASHIM Email ☐ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 5,433.90 OID REAR ENDED TP	
Loss of Rental (LOR):	S$ 1,182.00 (10 days) x $118.20	
Loss of Use (LOU):	S$ - ($ x days)	
Loss of Income (LOI):	S$ 500.00 ($ 50 x 10 days)	
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☑ [**Tick only one**]		
GIA/LTA Search	S$ -	
Medical:	S$ -	1) Claim status: Normal/~~Reject/Private Settle~~
Disbursement:	S$ - (e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S$ -	3) Survey fee: $350
Total:	**S$** 7,115.90 **Global Sum S$:** 7,110.00	

FINAL PAYMENT Date/Time: 19.11.20 Confirm with: HASHIM Email ☐ Call ☐

Payee 1:	S$ 7,110.00	Name 1:	DING AUTOMOTIVE PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	