15/5/2010

INS. CASE OWNER: CC3/FCI20005250/Kga3

LKK:

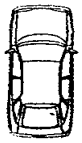
IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 16/04/2020 Date / Time : 16/04/2020

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SHB 4776M Claim No. : D20001932MFSH

Name of Insured : CITYCAB PTE LTD Policy No. : D-18088937MFSH

Insured Tel No. : HP: Make / Model : TOYOTA PRIUS

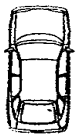
Excess Sec II :S$ D.O.A : 14/04/2020 19:30 Place of Accident : GEYLANG ROAD TWDS CITY

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

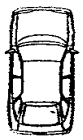
If **NO**, Driver Name / Age : PEK PON SENG OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : +65-98382392 (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

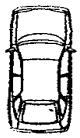
SHD 5158E → → →



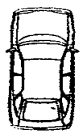
INSRS:
WSP: TRANS CAB
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SHD 5158E - X	**STAGE** **DATE / PIC**
		Non-Reporting ltr (1st):
	SHB 4776M - CC3/AIG10002477/Fjq2 01/02/2010	Non-Reporting ltr (2nd):
	CC3/AXA13008610/Gv1b3c3 09/05/2013	Non-Reporting ltr (Final):
	CS/INC09010438/Yn 09/05/2009	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: ☐
PRELIMINARY ADVICE	Date/Time: Sent By:	Post-Repair Photos: ☐ ☐
		Others: ☐ ☐

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost:	S$ (days) Reduction: %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with	Email ☐ Call ☐
Final Liability:	% (Agreed / Assessed)	BOLA S/N No. :	If NO or B 28, Ass. Lia :
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$		
Medical:	S$		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$	(e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$		3) Survey fee:
Total:	**S$**	**Global Sum S$:**	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$	Name 1:	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	