15/5/2010

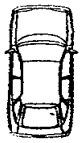
INS. CASE OWNER: MERINA CHIA | CC4/FCI20005374/Uka3 | LKK: IDAC:

ASSIGNMENT

Surveyor: MARCUS DOI: 24/04/2020 Date / Time : 24/4/2020

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SHD 8542J | Claim No. : D20001761MFSH

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

Insured Tel No. : HP: | Make / Model : HYUNDAI I40-1.7 D CRDI (A)

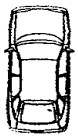
Excess Sec II :S$ D.O.A : 01/04/2020 | Place of Accident : 55 GUL ROAD

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

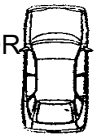
If **NO**, Driver Name / Age : SUHAIMI BIN HASHIM | OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : +65-98479527 (V/L: YES / NO) | Insured Liability : % **Final ? Yes / No**

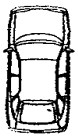
FBJ 6076R → → →



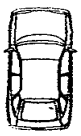
INSRS:
WSP: EROFIA MOTOR TRADING
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	FBJ 6076R - x SHD 8542J - x	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		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: L/S	S$ 1,900.00 (4 days)	Reduction: 3,898.30/67 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 22/12/2020	Confirm with LEELEE	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 11 (a)	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 1,900.00		
Loss of Rental (LOR):	S$ (days)		Collision occurred when Insured driver made a U-turn
Loss of Use (LOU):	S$ 120.00 ($ 20 x 6 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: TP
Legal Cost	S$		3) Survey fee: $350
Total:	**S$** 2,020.00	**Global Sum S$:** 2,000.00	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 2,000.00	Name 1:	Erofia Motor Trading Pte Ltd
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	