

INS. CASE OWNER:

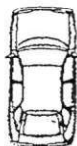
CC 4 / FCI 2000 5400 / R1ps3

LKK:

IDAC:

ASSIGNMENTSurveyor: **RASUL**DOI: **27/04/2020**Date / Time: **24/04/2020**Registered in Merimen: **—**

Pre-assign / CCU / FTE



Insured Vehicle No. : **SHB 2378S**
 Name of Insured : **CITYCAB PTE LTD**
 Insured Tel No. : _____ HP: _____
 Excess Sec II : **SS** D.O.A : **11/03/2020**
 Is driver the owner? (YES / **NO**) Nature of Accident : _____

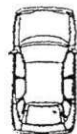
Claim No. : _____
 Policy No. : _____
 Make / Model : _____
 Place of Accident : _____

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: **YES** / NO)OI GIA REPORT: **YES** / NO ; TP GIA REPORT: **YES** / NO

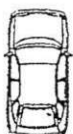
Insured Liability : % Final ? Yes / No

GBF 6086H

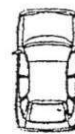
INSRS:
 WSP: **SIN SHENG**
 Tel : _____
 Liability : _____
 RMKS: _____



INSRS:
 WSP: _____
 Tel : _____
 Liability : _____
 RMKS: _____



INSRS:
 WSP: _____
 Tel : _____
 Liability : _____
 RMKS: _____



INSRS:
 WSP: _____
 Tel : _____
 Liability : _____
 RMKS: _____

Date/ Time	GBF 6086H : X ; SHB 2378S : X	STAGE	DATE / PIC
		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:	☐ ☐
		Post-Repair Photos:	☐ ☐
		Others:	☐ ☐
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____		
FINALIZATION	Date/Time: _____ Confirm with: _____ Confirm by: _____		
Repair Cost: L/sum	SS 2,300.00 (3 days) Reduction: 65 %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 04/06/2020 Confirm with Pei Jin	Email ☒ Call ☐	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :	
Repair Cost: w/GST	SS 2,461.00		
Loss of Rental (LOR):	SS (_____ days)		
Loss of Use (LOU):	SS 240.00 (\$ 80 x 3 days)		
Loss of Income (LOI):	SS (\$ _____ x _____ days)		
LOR only ☐ LOU only ☒	☒ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]		
GIA/LTA Search	SS 7.45		
Medical:	SS	1) Claim status: Normal/Reject/Private Sewer	
Disbursement:	SS (e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost	SS	3) Survey fee: \$350.00	
Total:	SS 2,708.45 Global Sum SS:		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____ Email ☒ Call ☐		
Payee 1:	SS 2,708.45 Name 1: Venda Engineering & Trading Pte Ltd		
Payee 2: (Strike if N.A.)	SS Name 2: _____		
Payee 3: (Strike if N.A.)	SS Name 3: _____		