15/5/2010

INS. CASE OWNER: RACHEL WU | CC4/FCI20002886/ K da3q2-1 | LKK: IDAC:

ASSIGNMENT

Surveyor: Kenneth DOI: 16/1/2020 Date / Time : 18/02/2020

Registered in Merimen: —

Pre-assign / CCU / FTE

Insured Vehicle No. : SHC 7547H Claim No. : D20001038MFSH X

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 : 15/02/2020 12:45 Place of Accident : ALONG AG MO KIO AVE 6 JUNCTION OF AVE 5

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

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

Driver Tel No. : +65-97593961 (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SMN 7758Z → ____ → ____ → ____

INSRS: WSP: COMPLETE VMS PTE LTD Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

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Date/ Time	
	SMN 7758Z - X
	SHC 7547H - CC3/AXA13001910/H1hf3c3; DOA: 22/01/13
	CS3/FCI19007828/Acd3s2; DOA: 23/04/19
	NS/INC11018735/H1qn ; DOA : 11/09/2011
	- Submitted WP report to FCI, cancel reopen case
06-07-20	TO CLOSE.

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: 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: WP
Legal Cost	S$		3) Survey fee: $306 (Paid)
Total:	**S$**	**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:	