

RACHEL WU

CC4/FCI20002886/ K da3g2-1

LKK:

IDAC:

INS. CASE OWNER:

Surveyor:

Kenneth

DOI:

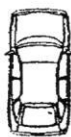
ASSIGNMENT

7/1/2020

Date / Time : 18/02/2020

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 7547H

Name of Insured : CITYCAB PTE LTD

Insured Tel No. : HP:

Excess Sec II : S\$

D.O.A : 15/02/2020 12:45

Is driver the owner?

(YES / ☒ NO)

Nature of Accident :

If NO, Driver Name / Age : KOI SENG SOON

Driver Tel No. : +65-97593961

(V/L: YES / NO)

Claim No. : D20001038MFSH X

Policy No. : D-20094921MFSH

Make / Model : HYUNDAI I40-1.7 D CRDI (A)

Place of Accident : ALONG AG MO KIO AVE 6 JUNCTION OF AVE 5

OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NO

Insured Liability : % Final ? Yes / No

SMN 7758Z



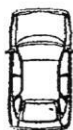
INSRS:

WSP:

Tel :

Liability :

RMKS:

COMPLETE
VMS PTE LTD

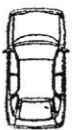
INSRS:

WSP:

Tel :

Liability :

RMKS:



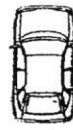
INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE	DATE / PIC
	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 FEL, cancel reopen case	
06-07-20	TO CLOSE	
	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:	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\$			
Disbursement:	S\$	(e.g. Tow/ Independent)		
Legal Cost	S\$			
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:		

1) Claim status: Normal/Reject/Private Settle

2) Report Format: WP

3) Survey fee: \$306 (Paid)