15/5/2010

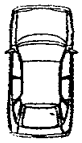
INS. CASE OWNER: ERIC WOO | CC4/FCI20006183/Kkv3 | LKK: IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 15/06/2020 Date / Time : 09/06/2020

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SHB 2179A

Name of Insured : CITYCAB PTE LTD

Insured Tel No. : 65508768 HP:

Excess Sec II :S$ D.O.A : 04/06/2020

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

If **NO**, Driver Name / Age : TEO SOON YONG

Driver Tel No. : 97353370 (V/L: YES / NO)

Claim No. : D20002327MFSH

Policy No. : D-20094921MFSH

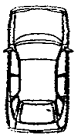
Make / Model : HYUNDAI I40-1.7 D CRDI (A)

Place of Accident : ALONG JURONG EAST STREET 21

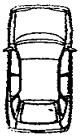
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No**

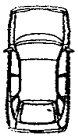
SLR 8469S → → →



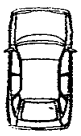
INSRS:
WSP: OPTIMA WERKZ
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SLR 8469S -
	SHB 2179A -
7/8/2020	FCI-ERIC CALLED AND ASKED TO SUBMIT WP + INVOICE. THEY WILL HANDLE THE CLAIM

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: P/P S$ 2889.76 (4 days) Reduction: 355.84 /11% Email ☐ Call ☐

FINAL SETTLEMENT	Date/Time:	Confirm with	Email ☐ Call ☐
Final Liability:	%	(Agreed / Assessed) BOLA S/N :	If NO or B 28, Ass. Lia :
Repair Cost:	S$		FCI-ERIC: SUBMIT WP + INVOICE.
Loss of Rental (LOR):	S$	days)	
Loss of Use (LOU):	S$ ($	days)	
Loss of Income (LOI):	S$ ($	d	
LOR only ☐ LOU only ☐ LOR + LOU ☐ L		[**Tick only one**]	
GIA/LTA Search	S$		
Medical:	S$		1) Claim status: Normal/~~Reject/Private Settle~~
Disbursement:	S$	ow/ Independent)	2) Report Format: WP
Legal Cost	S$		3) Survey fee: $248
Total:	**S$**	**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:	