15/5/2010

INS. CASE OWNER: CC 4 / FCI 2000 6412 / T1es3

LKK:

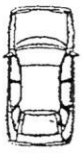
IDAC:

ASSIGNMENT

Surveyor: TAUFIKH DOI: 15/06/2020 Date / Time : 17/06/2020

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SHA 8747B Claim No. :

Name of Insured : CITYCAB PTE LTD Policy No. :

Insured Tel No. : HP: Make / Model :

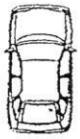
Excess Sec II :S$ D.O.A : 08/04/2020 Place of Accident :

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

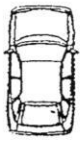
If NO, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

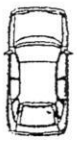
SLU 5223M → → →



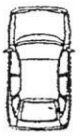
INSRS:
WSP: CYCLE & CARRIAGE
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SLU 5223M : X SHA 8747B : NA/INC12002808/k ; DOA : 30/12/2011 – Please verify the OID DL

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: MTH
Repair Cost: P/P	S$ 5,453.00 (4 days)	Reduction: 63 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 02.11.20	Confirm with LARRY	Email ☐ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 5,834.71	OID REAR ENDED TP	
Loss of Rental (LOR): w/GST	S$ 428.00 (4 days)	x $100	
Loss of Use (LOU):	S$ - ($ 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: TP
Legal Cost	S$ -		3) Survey fee: $500
Total:	S$ 6,262.71	**Global Sum S$:**	
FINAL PAYMENT	Date/Time: 02.11.20	Confirm with: LARRY	Email ☐ Call ☐

Payee 1:	S$ 6,262.71	Name 1:	CYCLE & CARRIAGE FRANCE PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	