

INS. CASE OWNER:

CC 4 / FCI 2000 6412 / T1es3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

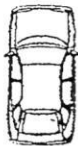
TAUFIKH

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 : —

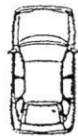
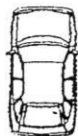
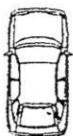
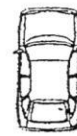
If NO, Driver Name / Age :

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

Date/ Time	STAGE	DATE / PIC
SLU 5223M : X	Non-Reporting ltr (1st):	
SHA 8747B : NA/INC12002808/k ; DOA : 30/12/2011	Non-Reporting ltr (2nd):	
— Please verify the OID DL	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:	☐ ☐
PRELIMINARY ADVICE Date/Time:	Post-Repair Photos:	☐ ☐
Sent By:	Others:	☐ ☐
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:	
Legal Cost S\$	3) Survey fee:	
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:		