15/5/2010

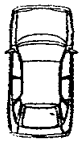
INS. CASE OWNER: ERIC WOO | CC4/FCI20006822/Uda3 | LKK: IDAC:

ASSIGNMENT

Surveyor: MARCUS DOI: 30.06.2020 Date / Time : 30.06.2020

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SHA 9340J Claim No. : D20002582MFSH

Name of Insured : CITYCAB PTE LTD Policy No. : D-20094921MFSH

Insured Tel No. : HP: Make / Model :

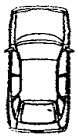
Excess Sec II :S$ D.O.A : 26.06.2020 10:25 Place of Accident :

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

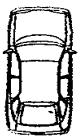
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

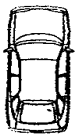
FBH 3071J → → →



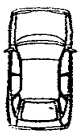
INSRS:
WSP: BAN HOCK HIN
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	FBH 3071J - CS/LAW18009225/K1tbe2; 30.5.16	**STAGE** **DATE / PIC**
	SHA 9340J - CC6/AXA10024823/Dq1u2q2 ; 03/12/2010	Non-Reporting ltr (1st):
	CS/FCI16016905/R1qh3m2 ; 06/09/2016	Non-Reporting ltr (2nd):
	NA/INC11002875/r ; 15/02/2011	Non-Reporting ltr (Final):
	NS/INC10020551/Dn ; 13/10/2010	Notification ltr (if non-pickup):
	NS/INC11002959/Dn ; 15/02/2011	Call OI:
	NS/INC12022684/H1zk3 ; 21/11/2012	After call ltr to OI:
	NS/INC15016897/H1tbn2 ; 05/10/2015	**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: Sent By:	Post-Repair Photos:
		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:	