15/5/2010

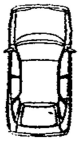
INS. CASE OWNER: MERINA CHIA | CC4/FCI20007053/R1ea3 | LKK: IDAC:

ASSIGNMENT

Surveyor: RASUL DOI: 08/07/2020 Date / Time : 07/07/2020

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 654C Claim No. : D20002645MFSH

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

Insured Tel No. : HP: Make / Model : TOYOTA PRIUS

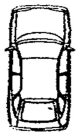
Excess Sec II :S$ D.O.A : 16/06/2020 20:45 Place of Accident :

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

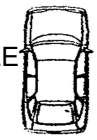
If **NO**, Driver Name / Age : NIEW LAY CHOO OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

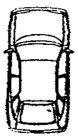
SLM 9412A → → →



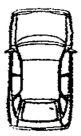
INSRS:
WSP: 3A AUTOMOBILE
Tel : PTE LTD
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SHC 654C - CC3/AIG16023577/H1yg3q2 ; 08/12/2016	**STAGE** **DATE / PIC**
	CC3/AXA12002810/H1edc1 ; 08/02/2012	Non-Reporting ltr (1st):
	CC3/FCI14009470/Kqm3u2 ; 08/12/2013	Non-Reporting ltr (2nd):
	CC4/AIG20006402/T1ev3 ; 16/06/2020	Non-Reporting ltr (Final):
	CS/FCI18005655/d3XX ; 11/03/2018	Notification ltr (if non-pickup):
	SLM 9412A - CC4/AIG20006402/T1ev3; 16/06/2020	Call OI:
		After call ltr to OI:
	*** CLAIMING EACH OTHERS ***	**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: MRB
Repair Cost: L/S	S$ 1,050.00 (2 days)	Reduction: 40 %	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$		SURVEY FEE: $100
Loss of Rental (LOR):	S$ (days)		TRANSPORT: $50
Loss of Use (LOU):	S$ ($ x days)		PHOTO : $18
Loss of Income (LOI):	S$ ($ 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/WP
Legal Cost	S$		3) Survey fee: $168
Total:	**S$**	**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:	