

INS. CASE OWNER:

RACHEL WU

CC4/FCI20002886/ K da3

LKK:

IDAC:

Surveyor:

Kenneth

DOI:

ASSIGNMENT

21/1/2020

Date / Time : 18/02/2020

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 7547H

Claim No. : D20001038MFSH X

Name of Insured : CITYCAB PTE LTD

Policy No. : D-20094921MFSH

Insured Tel No. : _____ HP: _____

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

Excess Sec II :S\$ _____ D.O.A : 15/02/2020 12:45

Place of Accident : ALONG AG MO KIO AVE 6 JUNCTION OF AVE 5

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

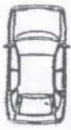
If NO, Driver Name / Age : KOI SENG SOON

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

Driver Tel No. : +65-97593961 (V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SMN 7758Z

INSRS:
WSP: COMPLETE
Tel: VMS PTE LTD
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/ Time	STAGE	DATE / PIC
SMN 7758Z - X	Non-Reporting ltr (1st):	
SHC 7547H - CC3/AXA13001910/H1hf3c3; DOA: 22/01/13	Non-Reporting ltr (2nd):	
CS3/FCI19007828/Acd3s2; DOA: 23/04/19	Non-Reporting ltr (Final):	
NS/INC11018735/H1qn; DOA: 11/09/2011	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:	Sent By:	Post-Repair Photos: ☐
		Others: ☐
FINALIZATION Date/Time:	Confirm with:	Confirm by:
Repair Cost: S\$ 1,950.00 (2 days) Reduction: 64 %		Email ☐ Call ☐
FINAL SETTLEMENT Date/Time: 14/09/2020 Confirm with Lily		Email ☒ Call ☐
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27		If NO or B 28, Ass. Lia :
Repair Cost: (w/GST) S\$ 2,086.50		
Loss of Rental (LOR): S\$ 300.00 (3 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\$ 7.45		
Medical: S\$ -		1) Claim status: Normal/Reject/Private Settlement
Disbursement: S\$ -	(e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost S\$ -		3) Survey fee: \$44 (\$350-\$306)
Total: S\$ 2,393.95 Global Sum S\$:		
FINAL PAYMENT Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1: S\$ 2,393.95	Name 1: Complete VMS Pte Ltd	
Payee 2: (Strike if N.A.) S\$	Name 2:	
Payee 3: (Strike if N.A.) S\$	Name 3:	