15/5/2010

INS. CASE OWNER: RACHEL WU | CC4/FCI20002886/ K da3 | LKK: IDAC:

ASSIGNMENT

Surveyor: Kenneth DOI: 14/1/2020 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 VMS PTE LTD Tel : Liability : RMKS:

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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:		
		Post-Repair Photos:		
		Others:		

PRELIMINARY ADVICE	Date/Time:	Sent By:	
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/[redacted]
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:			