15/5/2010

INS. CASE OWNER:

CC4/FCI20007412/da3

LKK:

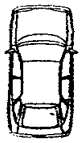
IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 17/07/2020

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 710Z

Name of Insured : CITYCAB PTE LTD

Insured Tel No. : _____ HP: _____

Excess Sec II :S$ _____ D.O.A : 14/07/2020 09:40

Is driver the owner? (YES / NO)

Claim No. : 20002814MFSH

Policy No. : D-20094921MFSH

Make / Model : HYUNDA IONIQ

Place of Accident : SERANGOON AVE 2 TOWARDS ~~SERANGOON CENTRAL~~

Nature of Accident : _____

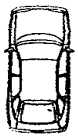
If **NO**, Driver Name / Age : TEO LEE TIANG

Driver Tel No. : (V/L: YES / NO)

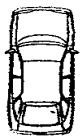
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No**

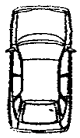
SW 98Y → _____ → _____ → _____



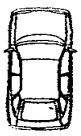
INSRS:
WSP: TRANS EUROKARS
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SJW 98Y - X	**STAGE** **DATE / PIC**
	SHC 710Z - CS/FCI14008544/Atm3k3 ; 29/04/2014	Non-Reporting ltr (1st):
	CS/FCI17002088/Uqh3s2 ; 26/01/2017	Non-Reporting ltr (2nd):
	NA/INC17001865/k4 ; 26/01/2017	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:		☐
Post-Repair Photos:	☐	☐
Others:	☐	☐

PRELIMINARY ADVICE	Date/Time:	Sent By:	
FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost:	S$ 6,675.70 (3 days) Reduction: 35 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 20/10/2020 Confirm with Tommy		Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 15		If NO or B 28, Ass. Lia :
Repair Cost: (w/GST)	S$ 7,143.00		
Loss of Rental (LOR):	S$ 385.20 (3 days) X $120 (w/GST)		
Loss of Use (LOU):	S$ - ($ 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: TP
Legal Cost	S$ -		3) Survey fee: $500
Total:	**S$ 7,528.20**	**Global Sum S$:**	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 7,528.20	Name 1:	Trans-Eurokars Pte Ltd
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	