15/5/2010

INS. CASE OWNER:

CC3/FCI20007586/Kka3

LKK:

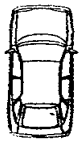
IDAC:

ASSIGNMENT

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

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SHD 8562B Claim No. :

Name of Insured : CITYCAB PTE LTD Policy No. :

Insured Tel No. : HP: Make / Model :

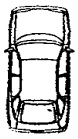
Excess Sec II :S$ D.O.A : 15/07/2020 17:50 Place of Accident :

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

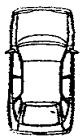
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

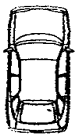
SHB 7779K → → →



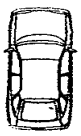
INSRS:
WSP: TRANS-CAB
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SHB 7779K - CC3/AIG15004722/Kua3q2 ; 15/02/2015	**STAGE** **DATE / PIC**
	CC3/AIG15004723/Kua3q2 ; 05/02/2015	Non-Reporting ltr (1st):
	CC3/AXA14007193/Ksy3q2 ; 15/04/2014	Non-Reporting ltr (2nd):
	NBA/AIG15002295/e1 ; 05/02/2015	Non-Reporting ltr (Final):
	SHD 8562B - X	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:	P/P S$ 7,625.65 (8 days)	Reduction: 18,462.75/71%	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Tim	Confirm wit	Email ☐ Call ☐
Final Liability:	%	(Agreed / Assessed) LA S/N No. :	If NO or B 28, Ass. Lia :
Repair Cost:	S$		
Loss of Rental (LOR):	S$	s)	FCI: INSTRUCT SUBMIT WP
Loss of Use (LOU):	S$ ($	days)	
Loss of Income (LOI):	S$ ($	days)	
LOR only ☐ LOU only ☐	LOR + LOU ☐ L	LOI ☐ [**Tick only one**]	
GIA/LTA Search	S$		
Medical:	S$		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$	Tow/ Independent)	2) Report Format: TP
Legal Cost	S$		3) Survey fee: $350
Total:	**S$**	**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:	