INS. CASE OWNER: ERIC WOO | CC4/FCI20007664/ka3 | IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 24/07/2020

Registered in Merimen: —

Pre-assign / CCU / FTE

Insured Vehicle No. : SHA 649D

Name of Insured : CITYCAB PTE LTD

Insured Tel No. : _____ HP: _____

Excess Sec II :S$ _____ D.O.A : 06-07-2020

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

If **NO**, Driver Name / Age : WOO YIT OON

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

Claim No. : D20002913MFSH

Policy No. : D-20094921MFSH

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

Place of Accident : JUNCTION TAMPINES AVENUE 6 AND TAMPINES CENTRAL 7

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

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

SLX 8539S → _____ → _____ → _____

INSRS:
WSP: KAH MOTOR
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SLX 8539S - X SHA 649S - X
11/8/2020	FCI: REJECT CLAIM, TP CHANGE LANE. TP WITHDRAW CLAIM NO SURVEY DONE
11-08-20	TO CLOSE FILE. NO SURVEY.

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
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$ (days) Reduction: % Email ☐ Call ☐

FINAL SETTLEMENT	Date/Time:	Confirm with	Email ☐ Call ☐
Final Liability:	%	(Agreed / Assessed) BO N No. :	If NO or B 28, Ass. Lia :
Repair Cost:	S$		
Loss of Rental (LOR):	S$	da	
Loss of Use (LOU):	S$	($)	
Loss of Income (LOI):	S$	($ x ays)	
LOR only ☐ LOU only ☐	LOR + LOU ☐	OI ☐ [**Tick only one**]	
GIA/LTA Search	S$		
Medical:	S$		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$	(e w/ Independent)	2) Report Format: -
Legal Cost	S$		3) Survey fee: -
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:	