15/5/2010

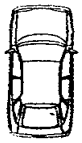
INS. CASE OWNER: MERINA CHIA | CC4/FCI20007987/da3 | LKK: IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 03/08/2020

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SHB 2343S | Claim No. : D20003013MFSH

Name of Insured : CITYCAB PTE LTD | Policy No. : D-20094921MFSH

Insured Tel No. : _____ HP: _____ | Make / Model : HYUNDAI IONIQ

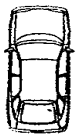
Excess Sec II :S$ _____ D.O.A : 29/07/2020 19:30 | Place of Accident : PAYA LEBAR ROAD

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

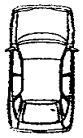
If **NO**, Driver Name / Age : LEE CHIN TECK | OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : +65-98735349 (V/L: YES / NO) | Insured Liability : % **Final ? Yes / No**

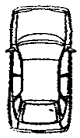
SJD 3381R → _____ → _____ → _____



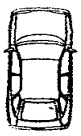
INSRS:
WSP: NEW HOCK TECK
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SJD 3381R - CS/HSB08027377/Kce1 ; 01/10/2008
	CS/HSB08028773/Ufz1 ; 01/10/2008
	NA/MSG20001083/r3 ; 16.01.2020
	SHB 2343S - CC3/QBE20007288/T1es3 ; 09/07/2020
	CS/FCI19013863/Evf3e2 ; 29/07/2019

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)	BOLA S/N No. :	If NO or B 28, Ass. Lia :
Repair Cost:	S$		
Loss of Rental (LOR):	S$ (days)		
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:
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:	