

INS. CASE OWNER:

CC4 / FCI 2000 8150 / T1ks3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

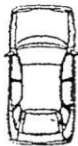
Taufikh

DOI: 06/08/2020

Date / Time : 05/08/2020

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 334B

Claim No. : —

Name of Insured : CITYCAB PTE LTD

Policy No. : —

Insured Tel No. : — HP: —

Make / Model : —

Excess Sec II : S\$ D.O.A : 01/08/2020

Place of Accident : —

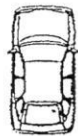
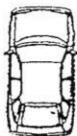
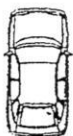
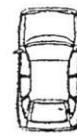
Is driver the owner? (YES / ☒ NO) Nature of Accident : —

If NO, Driver Name / Age :

OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NODriver Tel No. : (V/L: ☒ YES / NO)

Insured Liability : % Final ? Yes / No

SMP 760B

INSRS:
WSP:
Tel : 3A AUTOMOBILE
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SMP 760B : X	Non-Reporting ltr (1st):	
	SHC 334B : CC3/FCI20001372/Kda3q2 ; DOA : 18/01/2020	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:	P/P S\$ 3,444.24	(5 days) Reduction: 1,358.72/28 %	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)	FCI: INSTRUCT SUBMIT WP
Loss of Use (LOU):	S\$	(\$ days)	
Loss of Income (LOI):	S\$	(\$ days)	
LOR only ☐ LOU only ☐ LOR + LOU ☐ 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: WP
Legal Cost	S\$		3) Survey fee: \$279
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:	