

INS. CASE OWNER:

CC 4 / FCI 2000 8311 / Ars3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

Adrian

DOI:

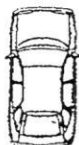
12/08/2020

Date / Time :

12/08/2020

Registered in Merimen:

Pre-assign / CCU / FTE



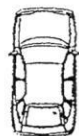
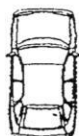
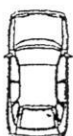
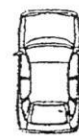
Insured Vehicle No. : SHB 3063T

Claim No. :

Name of Insured : CITYCAB PTE LTD

Policy No. : Insured Tel No. : HP: Make / Model : Excess Sec II : S\$ D.O.A : 06/08/2020Place 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

SLQ 5017M

INSRS:
WSP: N-51
Tel :
Liability :
RMKS: INSRS:
WSP:
Tel :
Liability :
RMKS: INSRS:
WSP:
Tel :
Liability :
RMKS: INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SLQ 5017M : NA/INC20008195/z4 ; DOA : 06/08/2020	SHB 3063T :	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: L/SUM	S\$ 6,500.00 (6 days) Reduction: 51 %		Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 5/11/2021	Confirm with MELODY	Email ☒ Call ☐	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : NIL		If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ 6,955.00			
Loss of Rental (LOR):	S\$ 1,200.00 (8 days) x \$150.00			
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\$ 7.45			
Medical:	S\$		1) Claim status: Normal/Reject Private Sewer	
Disbursement:	S\$ (e.g. Tow/ Independent)		2) Report Format: TP	
Legal Cost	S\$		3) Survey fee: 500.00	
Total:	S\$ 8,162.45	Global Sum S\$:		
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐	
Payee 1:	S\$ 8,162.45	Name 1:	TWINCAR AUTOMOTIVE PTE LTD	
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		