15/5/2010

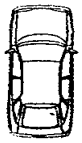
INS. CASE OWNER: MERINA CHIA | CC4/FCI20008472/ka3 | LKK: IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 14/08/2020

Registered in Merimen: ___

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 403K | Claim No. : D20003178MFSH

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

Insured Tel No. : _____ HP: _____ | Make / Model : TOYOTA PRIUS TAXI-1.8 (A)

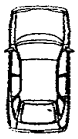
Excess Sec II :S$ _____ D.O.A : 10/08/2020 14:45 | Place of Accident : 190VERDE VIEW S

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

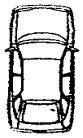
If **NO**, Driver Name / Age : ONG CHYE BOON | OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

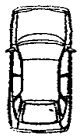
SJB 9179E → _____ → _____ → _____



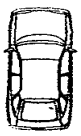
INSRS:
WSP: OPTIMA WERKZ
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SJB 9179E - X	**STAGE** **DATE / PIC**
	SHC 403K - CC4/FCI20002956/ea3XX ; 30.01.2020	Non-Reporting ltr (1st):
	- CS3/FCI14023152/Avj3d1 ; 11.12.2014	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/S	S$ 1600.00	(3 days) Reduction: 747.83	% 32 Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 20/01/2021	Confirm with KAITLYN	Email ☑ Call ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 26	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 1712.00	W/GST	
Loss of Rental (LOR):	S$	(days)	
Loss of Use (LOU):	S$ 180.00	($ 60 x 3 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: TP
Legal Cost	S$		3) Survey fee: $350.00
Total:	**S$** 1892.00	**Global Sum S$:**	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐
Payee 1:	S$ 1892.00	Name 1:	OPTIMA WERKZ PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	