15/5/2010

INS. CASE OWNER: CC4 /FCI 2000 8678 / Kes3

LKK:

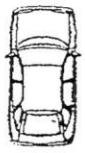
IDAC:

ASSIGNMENT

Surveyor: Kenneth DOI: 07/09/2020 Date / Time : 19/08/2020

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 7284R Claim No. :

Name of Insured : CITYCAB PTE LTD Policy No. :

Insured Tel No. : HP: Make / Model :

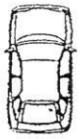
Excess Sec II :S$ D.O.A : 13/08/2020 Place of Accident :

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

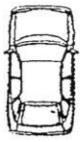
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

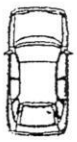
CB 6873L → → →



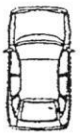
INSRS:
WSP: YEE AUTO
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	CB 6873L : CS3/III12011934/T1fd1 ; DOA : 16/05/2012
	SHC 7284R : X

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: KSC

Repair Cost: L/S S$ 2,100.00 (3 days) Reduction: 76 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 16.02.22 Confirm with Email ☐ Call ☐

Final Liability:	% (Agreed / Assessed)	BOLA S/N No. :
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$	
Disbursement:	S$ (e.g. Tow/ Independent)	
Legal Cost	S$	
Total:	**S$**	**Global Sum S$:**

If NO or B 28, Ass. Lia :

survey fee: $160
trip: $100
photo: $17

1) Claim status: Normal/~~Reject/Private Settle~~

2) Report Format: TP/WP

3) Survey fee: $277

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:	