15/5/2010

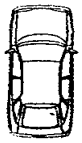
INS. CASE OWNER: ERIC WOO | CC4/FCI20008759/ka3 | LKK: IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 20/08/2020

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SHA 8250S | Claim No. : D20003311MFSH

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

Insured Tel No. : _____ HP: _____ | Make / Model : HYUNDAI I40-1.7 D CRDI (A)

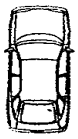
Excess Sec II :S$ _____ D.O.A : 27/07/2020 14:00 | Place of Accident : BUKIT PANJANG SLIP RD TURNING B.PANJANG RING RD

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

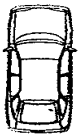
If **NO**, Driver Name / Age : CHUA KIAN WUA | OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

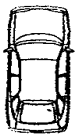
SJK 7045Z → _____ → _____ → _____



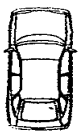
INSRS:
WSP: ETHOZ
Tel : PROTECT
Liability : BB
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SJK 7045Z - CI/TP11003513/F		
	CV1/OCB13007296/T1Kc	Non-Reporting ltr (1st):	
	SHA 8250S - CS/FCI18016893/Krbn2 ; 14/09/2018	Non-Reporting ltr (2nd):	
	CS/FCI20000519/Uvf3n2 ; 03/01/2020	Non-Reporting ltr (Final):	
	CS/QW08007760/Rcf ; 23/02/2008	Notification ltr (if non-pickup):	
	CS/QW09006917/T1cr1 ; 27/03/2009	Call OI:	
	CS/QW09015867/Rcr1 ; 13/07/2009	After call ltr to OI:	
	CS/QW11004870/Rbn ; 14/03/2011	**Documentation Check List:**	**Handler** **Typist**
	NA/CTI18016796/r3 ; 14/09/2018	Notification ltr (if non-pickup)	☐ ☐
	NA/LIP20000287/z4 ; 03/01/2020	After call ltr to OI:	☐ ☐
	NJA/INC08015474/y1 ; 23/05/2008	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:	☐
PRELIMINARY ADVICE	Date/Time: Sent By:	Post-Repair Photos:	☐ ☐
		Others:	☐ ☐

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:	