15/5/2010

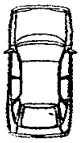
INS. CASE OWNER: ERIC WOO | ~~CC4/FCI20008759/ka3~~ | LKK: IDAC:

ASSIGNMENT CC4/FCI20008759/R1pa3

Surveyor: Rasul DOI: 03/09/2020 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)

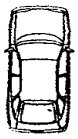
Excess Sec II :S$ D.O.A : 27/07/2020 14:00 | Place of Accident : BUKIT PANJANG SLIP RD TURNING B.PANJANG RING RD

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

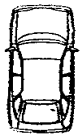
If **NO**, Driver Name / Age : CHUA KIAN WUA | OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

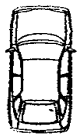
SJK 7045Z → → →



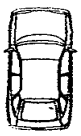
INSRS:
WSP: ETHOZ
Tel : PROTECT
Liability : BB
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SJK 7045Z - CI/TP11003513/F	
	CV1/OCB13007296/T1Kc	
	SHA 8250S - CS/FCI18016893/Krbn2 ; 14/09/2018	
	CS/FCI20000519/Uvf3n2 ; 03/01/2020	
	CS/QW08007760/Rcf ; 23/02/2008	
	CS/QW09006917/T1cr1 ; 27/03/2009	
	CS/QW09015867/Rcr1 ; 13/07/2009	
	CS/QW11004870/Rbn ; 14/03/2011	
	NA/CTI18016796/r3 ; 14/09/2018	
	NA/LIP20000287/z4 ; 03/01/2020	
	NJA/INC08015474/y1 ; 23/05/2008	
11/06/2021	Pls refer to VIEWS for details.	
	*Submit WP to MS FCI	

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: P/P S$ 700.00 (4 days) Reduction: 30 % 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~~ /WP
Disbursement:	S$	(e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S$		3) Survey fee: $155.00
Total:	**S$**	**Global Sum S$:**	($90.00 + $50.00 + $15.00 = $155.00)

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:	