15/5/2010

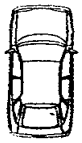
INS. CASE OWNER: MERINA CHIA | CC4/FCI20008913/da3 | LKK: IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 21/08/2020

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 7245D | Claim No. : D20003335MFSH

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

Insured Tel No. : _____ HP: _____ | Make / Model : HYUNDAI I40

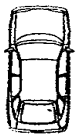
Excess Sec II :S$ _____ D.O.A : 18/08/2020 16:00 | Place of Accident : ALONG MANDAL AVENUE

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

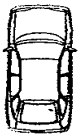
If **NO**, Driver Name / Age : NG BOON WAH | OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

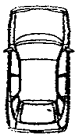
SKG 8951K → _____ → _____ → _____



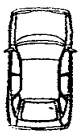
INSRS: PROGRESSIVE
WSP: CAR CARE
Tel : PTE LTD
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SKG 8951K - X	Non-Reporting ltr (1st):	
	SHC 7245D - CC3/AXA12010706/H1ec3f1; 23/05/2012	Non-Reporting ltr (2nd):	
	CC3/AXA13010620/H1py3c3 ; 10/06/2013	Non-Reporting ltr (Final):	
	CI/TPD19013966/Pc ; 07/04/2019	Notification ltr (if non-pickup):	
	CS/FCI16007851/h3 ; 26/04/2016	Call OI:	
	CS/FCI17012577/T1rbn2 ; 22/06/2017	After call ltr to OI:	
	NS/INC10003691/Cn ; 23/02/2010	**Documentation Check List:**	**Handler** **Typist**
	NS/INC12022849/H1y1k3 ; 23/11/2012	Notification ltr (if non-pickup)	☐ ☐
	NS/INC18002950/K1vbn2 ; 11/02/2018	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:	☐
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:	