

INS. CASE OWNER:

CC4 / FCI 2000 9829 / R1es3

LKK:
IDAC:

ASSIGNMENT

Surveyor:

RASUL

DOI: 14/09/2020

Date / Time : 14/09/2020

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SHA 9485A

Claim No. : —

Name of Insured : CITYCAB PTE LTD

Policy No. : —

Insured Tel No. : — HP: —

Make / Model : —

Excess Sec II : S\$ — D.O.A : 10/09/2020

Place of Accident : —

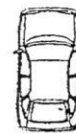
Is driver the owner? (YES / ☒ NO) Nature of Accident : —

If NO, Driver Name / Age :

OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NODriver Tel No. : — (V/L: ☒ YES / NO)

Insured Liability : % Final ? Yes / No

GBH 5884S

INSRS:
WSP: SNG AH TEE
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	GBH 5884S : X	STAGE	DATE / PIC
	SHA 9485A : CS/FCI15009450/M1ty3d1 ; DOA : 03/06/2015	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:	☐ ☐
PRELIMINARY ADVICE	Date/Time: Sent By:	Post-Repair Photos:	☐ ☐
		Others:	☐ ☐
FINALIZATION	Date/Time: Confirm with:	Confirm by: MRB	
Repair Cost: L/S	S\$ 5,100.00 (6 days) Reduction: 47 %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 17.05.21 Confirm with JANICE	Email ☐ Call ☐	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :	
Repair Cost: w/GST	S\$ 5,457.00	OID BEATS RED LIGHT HIT TP	
Loss of Rental (LOR):	S\$ - (days)		
Loss of Use (LOU):	S\$ 600.00 (\$ 100 x 6 days)		
Loss of Income (LOI):	S\$ - (\$ x days)		
LOR only ☐ LOU only ☒	LOR + LOU ☐ LOR + LOI ☐ [Tick only one]		
GIA/LTA Search	S\$ 7.45		
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	
Total:	S\$ 6,064.45 Global Sum S\$:		
FINAL PAYMENT	Date/Time: 17.05.21 Confirm with: JANICE	Email ☐ Call ☐	
Payee 1:	S\$ 6,064.45 Name 1: SNG AH TEE MOTOR & PANEL SERVICE PTE LTD		
Payee 2: (Strike if N.A.)	S\$ Name 2:		
Payee 3: (Strike if N.A.)	S\$ Name 3:		