

ASSIGNMENT CC4/FCI20010094/Gpa3q2

Surveyor: _____ DOI: _____ Date / Time : 21/09/2020
Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **SHB 4829U**Claim No. : **D20003804MFSH**Name of Insured : **CITYCAB PTE LTD**Policy No. : **D-20094921MFSH**

Insured Tel No. : _____ HP: _____

Make / Model : _____

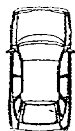
Excess Sec II :S\$ _____ D.O.A : **18/09/2020 16:40**Place of Accident : **ALONG JURONG POINT DROP OFF POINT**

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

If **NO**, Driver Name / Age : **LEE BOON TEE**

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

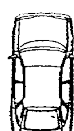
Driver Tel No. : _____ (V/L: YES / NO)

Insured Liability : % **Final ? Yes / No****SJA 9195M**

INSRS:
WSP: **BETHLEHEM**
Tel : **AUTO**
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SJA 9195M - X	Non-Reporting ltr (1st):	
	SHB 4829U - CC3/AXA13010075/H1rb3c3 ; 03/06/2013	Non-Reporting ltr (2nd):	
	CS/FCI16018391/Utbm2 ; 26/09/2016	Non-Reporting ltr (Final):	
	CS/FCI17020678/R1gbe2 ; 22/10/2017	Notification ltr (if non-pickup):	
	CS/QW08006778/Rv ; 29/01/2008	Call OI:	
	NA/INC10003914/w1 ; 25/02/2010	After call ltr to OI:	
	NJA/INC10014119/j1 ; 18/07/2010		
	NS/INC12000170/H1qn ; 02/01/2012		
		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:	☐ ☐
14/12/2020	Pls refer to VIEWS for details.		

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____		Post-Repair Photos: ☐ ☐	
		Others: ☐ ☐	
FINALIZATION	Date/Time: _____ Confirm with: _____	Confirm by: _____	
Repair Cost: Lsum S\$ 1,550.00 (3 days) Reduction: 54 %		Email ☒	Call ☐
FINAL SETTLEMENT Date/Time: 14/12/2020 Confirm with Apple		Email ☒	Call ☐
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 26		If NO or B 28, Ass. Lia :	
Repair Cost: S\$ 1,550.00			
Loss of Rental (LOR): S\$ 240.00 (3 days) x \$80.00			
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 Settlement	
Disbursement: S\$ (e.g. Tow/ Independent)		2) Report Format: TP	
Legal Cost S\$		3) Survey fee: \$350.00	
Total: S\$ 1,790.00	Global Sum S\$:		
FINAL PAYMENT Date/Time: _____ Confirm with: _____		Email ☒	Call ☐
Payee 1: S\$ 1,790.00	Name 1: Bethlehem Auto		
Payee 2: (Strike if N.A.) S\$	Name 2:		
Payee 3: (Strike if N.A.) S\$	Name 3:		