15/5/2010

INS. CASE OWNER: ERIC WOO

CC4/FCI20010101/Aea3

~~CC4/FCI20010101/Ka3~~

LKK:

IDAC:

**ASSIGNMENT**

Surveyor: ADRIAN DOI: 22/09/2020 Date / Time : 21/09/2020

Registered in Merimen: —

**Pre-assign / CCU / FTE**

Insured Vehicle No. : SHA 9730S

Name of Insured : CITYCAB PTE LTD

Insured Tel No. : HP:

**Excess Sec II :S$**

Is driver the owner? ( YES / NO )

If **NO**, Driver Name / Age : TAN ENG HOO

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

Claim No. : D20003794MFSH

Policy No. : D-20094921MFSH

Make / Model : HYUNDAI IONIQ HYBRID-1.6 GLS DCT (A)

D.O.A : 17/09/2020 08:20

Place of Accident : ALONG BEDOK NORTH ROAD JUNCTION ~~BEDOK RESERVOIR RD~~

Nature of Accident :

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

Insured Liability : % **Final ? Yes / No**

SLF 2099D →

INSRS:
WSP: SUCCESS
Tel : UNITED
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

| Date/ Time | |
|---|---|
| | SLF 2099D - X |
| | SHA 9730S -CS/FCI19015159/R1td3e2 ; 23.08.2019 |
| ** | APPROVAL FROM FCI TO REJECT TP CLAIM |

Reject Case
By (staff) : Asher
Approved by : [illegible]
Date : 24/08/21

| 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: LWP

Repair Cost: L/S S$ 950.00 ( 3 days) Reduction: 37 % 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$ | | SURVEY FEE: $100 |
| Loss of Rental (LOR): | S$ | ( days) | TRANSPORT: $50 |
| Loss of Use (LOU): | S$ | ($ x days) | PHOTO : $15 |
| Loss of Income (LOI): | S$ | ($ x days) | |
| LOR only ☐ LOU only ☐ | LOR + LOU ☐ | LOR + LOI ☐ [Tick only one] | |
| GIA/LTA Search | S$ | | |
| Medical: | S$ | | |
| Disbursement: | S$ | (e.g. Tow/ Independent ) | 1) Claim status: ~~Normal~~/Reject/~~Private Settle~~ |
| Legal Cost | S$ | | 2) Report Format: TP |
| **Total:** | **S$** | **Global Sum S$:** | 3) Survey fee: $165 |

| **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: | |