15/5/2010

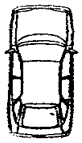
INS. CASE OWNER: MERINA CHIA | CC4/FCI20010616/ea3 | LKK: IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 02/10/2020

Registered in Merimen: ___

Pre-assign / CCU / FTE



Insured Vehicle No. : SHA 8215U | Claim No. : D20003982MFSH

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

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

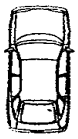
Excess Sec II :S$ _____ D.O.A : 29/09/2020 09:40 | Place of Accident : BLK 516A WOODLANDS DRIVE 14 MULTI STOREY CAR PARK

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

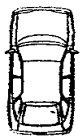
If **NO**, Driver Name / Age : | OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

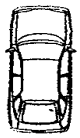
SMA 1232G → _____ → _____ → _____



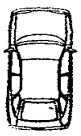
INSRS:
WSP: HUA HONG
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SMA 1232G - X	**STAGE** **DATE / PIC**
	SHA 8215U - CC3/AXA12020565/H1hb3c3 ; 20/10/2012	Non-Reporting ltr (1st):
	CS/FCI18008393/Uvbe2 ; 05/05/2018	Non-Reporting ltr (2nd):
	CS/FCI19021179/Ktf3n2 ; 22/11/2019	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:
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:	