

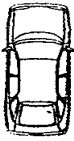
INS. CASE OWNER: MERINA CHIA

~~CC4/FCI20011201/ka3~~

IDAC:

ASSIGNMENT

CC4/FCI20011201/R1pa3q2

Surveyor: RasulDOI: 19/10/2020Date / Time : 15/10/2020Registered in Merimen: ---**Pre-assign / CCU / FTE**Insured Vehicle No. : SHA 312AClaim No. : D20004189MFSHName of Insured : CITYCAB PTE LTDPolicy No. : D-20094921MFSH

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$ _____ D.O.A : 14/10/2020 08:20Place of Accident : AYE TOWARDS TUAS

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. :

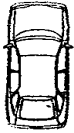
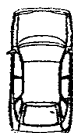
(V/L: YES / NO)

Insured Liability : %

Final ? Yes / No

PC 6983T→ SHA 312A →XE 4515U

→ _____

INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS: OIINSRS:
WSP: BAN CHOON
Tel : MOTOR
Liability :
RMKS: TPINSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		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
<u>07/01/2021</u>	<u>Pls refer to VIEWS for details.</u>	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: _____		
Repair Cost: <u>L/sum</u>	S\$ <u>1,000.00</u> (<u>3</u> days) Reduction: <u>47</u> %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: <u>07/01/2021</u> Confirm with <u>Perlin</u>	Email ☒ Call ☐	
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>28</u>	If NO or B 28, Ass. Lia : <u>0</u>	
Repair Cost: <u>w/GST</u>	S\$ <u>1,070.00</u>		
Loss of Rental (LOR):	S\$ _____ (_____ days)		
Loss of Use (LOU):	S\$ <u>300.00</u> (\$ <u>100</u> x <u>3</u> days)		
Loss of Income (LOI):	S\$ _____ (\$ _____ x _____ days)		
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]			
GIA/LTA Search	S\$ <u>7.45</u>		
Medical:	S\$ _____	1) Claim status: Normal/Reject/Private Settlement	
Disbursement:	S\$ _____ (e.g. Tow/ Independent)	2) Report Format: <u>TP</u>	
Legal Cost	S\$ _____	3) Survey fee: <u>\$350.00</u>	
Total:	S\$ <u>1,377.45</u> Global Sum S\$: <u>1,370.00</u>		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____ Email ☒ Call ☐		
Payee 1:	S\$ <u>1,370.00</u> Name 1: <u>BAN CHOON MOTOR WORKS</u>		
Payee 2: (Strike if N.A.)	S\$ _____ Name 2: _____		
Payee 3: (Strike if N.A.)	S\$ _____ Name 3: _____		