

Surveyor:

Taufikh

DOI:

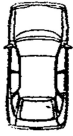
20/10/2020

Date / Time :

19/10/2020

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SHD 8536C

Claim No. : _____

Name of Insured : CITYCAB PTE LTD

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 16/10/2020

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 / NO

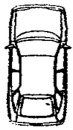
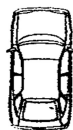
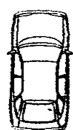
Driver Tel No. :

(V/L: ☒ YES / NO)

Insured Liability : %

Final ? Yes / No

SMP 9076J

INSRS:
WSP: MOVA
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SMP 9076J : X ; SHD 8536C		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
			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: MTH	
Repair Cost:	P/P S\$ 12,917.28 (9 days Reduction: 11 %	Email	☐	Call ☐
FINAL SETTLEMENT	Date/Time: 27.09.21	Confirm with: SUANN	Email	Cal ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 100%		
Repair Cost:	w/GST S\$ 13,821.49	4VEH CC OI LAST		
Loss of Rental (LOR):	S\$ - (days)			
Loss of Use (LOU):	S\$ 660.00 (\$ 60 x 11 days)			
Loss of Income (LOI):	S\$ - (\$ x days)			
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LC ☐	[Tick only one]			
GIA/LTA Search	S\$ -			
Medical:	S\$ -			
Disbursement:	S\$ - (e.g. Tow/ Independent)	1) Claim status: Normal/Reject/Dispute/Settle		
Legal Cost	S\$ -	2) Report Format: TP		
Total:	S\$ 14,481.49	Global Sum S\$:	14,480.00	
FINAL PAYMENT	Date/Time: 27.09.21	Confirm with: SUANN	Email	Cal ☐
Payee 1:	S\$ 14,480.00	Name 1:	MOVA AUTOMOTIVE PTE LTD	
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		