15/5/2010

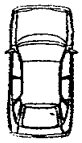
INS. CASE OWNER: MERINA CHIA | CC4/FCI20011420/T1ra3 | LKK: IDAC:

ASSIGNMENT

Surveyor: TAUFIKH DOI: _____ Date / Time : 21.10.2020

Registered in Merimen: ---

Pre-assign / CCU / FTE



Insured Vehicle No. : SHB 2313D | Claim No. : D20004256MFSH

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

Insured Tel No. : _____ HP: _____ | Make / Model : HYUNDAI I40

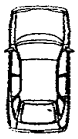
Excess Sec II :S$ _____ D.O.A : 19/10/2020 23:10 | Place of Accident : ALONG CTE (AFTER AMK AVE 5)

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

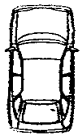
If **NO**, Driver Name / Age : LIM HOCK PIN | OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

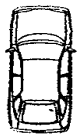
SLZ 7921S → SJS 5706X → SHB 2313D → SHA 8041D



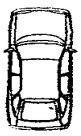
INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS: OI



INSRS:
WSP: DING
Tel : AUTOMOTIVE
Liability :
RMKS: TP

Date/ Time		
		STAGE **DATE / PIC**
	SHA 8041D - CS/FCI17023185/M1qbn2 - 27/11/2017	Non-Reporting ltr (1st):
	SHB 2313D - CC3/AIC10024934/Dbn - 06/12/2010	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: ☐
PRELIMINARY ADVICE	Date/Time: Sent By:	Post-Repair Photos: ☐ ☐
		Others: ☐ ☐

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: L/SUM	S$ 1,950.00 (3 days) Reduction: 72 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 24.12.2020	Confirm with DD HASHIM	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 0
Repair Cost: w/GST	S$ 2,086.50		
Loss of Rental (LOR): w/GST	S$ 206.86 (2 days) x $103.43		
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI):	S$ 100.00 ($ 50 x 2 days)		
LOR only ☐ LOU only ☐	LOR + LOU ☐ LOR + LOI ☑ [**Tick only one**]		
GIA/LTA Search	S$ 7.45		
Medical:	S$		1) Claim status: Normal ~~Reject/Private Settle~~
Disbursement:	S$ (e.g. Tow/ Independent)		2) Report Format: TP
Legal Cost	S$		3) Survey fee: 350.00
Total:	**S$** 2,400.81	**Global Sum S$:**	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 2,400.81	Name 1:	DING AUTOMOTIVE PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	