

INS. CASE OWNER:

MERINA CHIA

CC4/FCI20011790/ba3

IDAC:

ASSIGNMENT

Surveyor:

DOI:

Date / Time : 29/10/2020

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : SHC 595P

Claim No. : D20004390MFSH

Name of Insured : CITYCAB PTE LTD

Policy No. : D-20094921MFSH

Insured Tel No. : HP: _____

Make / Model : TOYOTA PRIUS

Excess Sec II :S\$ _____ D.O.A : 23/10/2020 09:30

Place of Accident : ALONG BATTERY ROAD TAXI STAND

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

If NO, Driver Name / Age : TAN MAH SENG

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

Driver Tel No. :

(V/L: YES / NO)

Insured Liability :

%

Final ? Yes / No

S 1528CD

INSRS:
WSP: C & C KIA
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time					
	S 1528CD	CC4/AIG20011612/Epa3 ; 23.10.2020	STAGE	DATE / PIC	
	SHC 595P	- CS/HSB08028694/Kbp ; 23.10.2008	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:		
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:			