15/5/2010	
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LKK:

INS. CASE OV	VNER:	CC6/FC	<u>120011887</u>	7/Krs3	IDAC:	
		ASSIG	NMENT			
Surveyor:	Kenneth	DOI: 24/1	1/2020	- Date / Time :	00/44/0006	
				-	02/11/2020)
Pre-assign / (CCU/FTE			Registered in Me	rimen:	
	0114					
Insured Vehic	le No. : SHA	771H	Claim No.	:		
Name of Insur	red : CITYCAB P	TE LTD	Policy No.	:		
Insured Tel No		IIID.				
Excess Sec II	-	— HP:	Make / Mode			
		D.O.A : <u>30/10/202</u> 0	Place of Acci	dent :		
Is driver the ov	wner? (YES /NO)	Nature of Accident :				
If NO, Driver	Name / Age:		OI GIA REPO	DRT. VEG / NO . TE	CIA DEDODE G	20
Driver '	Tel No. :	(V/L: YES/NO)	OI GIA REPORT: YES/NO; TP GIA REPORT: YES/NO (V/L: YES/NO) Insured Liability: % Final? Yes/No			SV NO
SINOFO	71/		- Diameter Enter	my. κ	Final: Yes/No	
<u>SLN 952</u>	<u>./ Y</u> —		-		→	
INSRS:	INS	SRS:	INSRS:	F-1100		
WSP: LIM YE	EW BOO 🙀 ws	P:	WSP:		INSRS: WSP:	
Tel: Liability:	H Tel		Tel:	11-71	Tel:	
RMKS:	11/7 11/3	bility: KS:	Liability :	K-V	Liability:	
Date/ Time	RIVI	No.	RMKS:		RMKS:	
Date/ Time	0111050511					
	SLN 9527Y : CS/MS0 SHA 771H : X	G18013168/Krd3e2 ; DOA : 17/0	7/2018	STAGE	DAT	E/PIC
	SHATTIH.X			Non-Reporting ltr (1s		
				Non-Reporting ltr (2r Non-Reporting ltr (Fi		
00/0/0004				Notification ltr (if nor		
30/3/2021 PLEASE REFER TO VIEWS FOR DETAILS			ETAILS	Call OI:	· promp).	
	*SUBMIT WP RE	PORT AS PER FCI INST	RUCTION	After call ltr to OI:		
01-4-2	H TO CLOSE & SUB (ND 0 . F		Documentation Chec		Typist
- 0117	10 ccese of ands o	OF REPORT.		Notification ltr (if nor	n-pickup)	
- V				After call ltr to OI:		
5	/			Authorisation To Act:		
			-	Release Voucher:		
				Final Repair Bill:		
				Car Rental Invoice:		
				Towing Invoice LTA / GIA:		
				Medical Bill:		
				PIR:		
Name of the last o				Mandate/Reject Inst	ruction:	
				LOD	ruction.	
DDELIMINA DV	The second secon			Payment Breakdown	i Form:	
PRELIMINARY ADVIC	E Date/Time:	Sent By:		Post-Repair Photos:		
FINALIZATION	D			Others:		
Repair Cost: L/SUM	Date/Time:	Confirm with:		Confirm by:		
FINAL SETTLEMENT	S\$ 3,400.00 (3 days Reduction: 56	%		mail Call	
Final Liability:		Confirm with		Email Cal		
Repair Cost:	S\$ (Agreed	/ Assessed) BOLA S/N No. :		If NO or B 28, Ass. I	_ia :	
Loss of Rental (LOR):	S\$ (days)				
Loss of Use (LOU):	S\$ (\$)					
Loss of Income (LOI):	S\$ (\$ >					
LOR only LOU only		LOR + LO [Tick only on	el			
GIA/LTA Search	S\$	[real only on	-3			
Medical:	S\$			1) Claim status: Norm		1A/D
Disbursement:	S\$	(e.g. Tow/ Independent)		TP	eme WP
Legal Cost	S\$		-		273.00	
Total:	S\$	Global Sum S\$:			150 + \$23 \$50) + \$50
FINAL PAYMENT	Date/Time:	Confirm with:	I	Email Cal]	- 400
Payee 1:	S\$	Name 1:				
Payee 2: (Strike if N.A.)	S\$	Name 2:				
Payee 3: (Strike if N.A.)	S\$	Name 3:				