15/5/2010

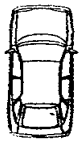
INS. CASE OWNER: ERIC WOO | CC4/FCI20011943/Upa3 | LKK: IDAC:

ASSIGNMENT

Surveyor: MARCUS DOI: 02/11/2020 Date / Time : 30/10/2020

Registered in Merimen: ——

Pre-assign / CCU / FTE



Insured Vehicle No. : SHA 370G | Claim No. : D20004382MFSH

Name of Insured : CITYCAB PTE LTD | Policy No. : D-18088937MFSH

Insured Tel No. : HP: | Make / Model : TOYOTA PRIUS-1.8 HYBRID CVT (A)

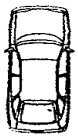
Excess Sec II :S$ D.O.A : 26-10-2020 | Place of Accident : ALONG BOON LAY WAY

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

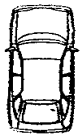
If **NO**, Driver Name / Age : IGNATIUS SHANG CHEN SIONG | OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

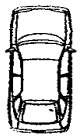
GBC 6609R → ——— → ——— → ———



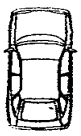
INSRS:
WSP: LIU BRO
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	GBC 6609R - CC6/AIG18005796/Kpa3q2 ; 21/03/2018	Non-Reporting ltr (1st):	
	NBA/INC18005414/Y ; 21/03/2018	Non-Reporting ltr (2nd):	
	SHA 370G - CC3/AIG08033410/Kaq1 ; 20/12/2008	Non-Reporting ltr (Final):	
	CS/FCI17023340/T1tbn2 ; 04/12/2017	Notification ltr (if non-pickup):	
	CS/INC09002082/Yc ; 23/01/2009	Call OI:	
	NA/INC09001903/s ; 23/01/2009	After call ltr to OI:	
		Documentation Check List:	**Handler** / **Typist**
06/04/2021	Pls refer to VIEWS for details.	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: L/sum S$ 4,200.00 (4 days) Reduction: 49 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 06/04/2021 Confirm with Susan Email ☑ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 15	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 4,200.00	
Loss of Rental (LOR):	S$ (days)	
Loss of Use (LOU):	S$ 400.00 ($ 80 x 5 days) ✓	
Loss of Income (LOI):	S$ ($ x 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: $350.00
Total:	**S$** 4,607.45 **Global Sum S$:** 4,600.00	

FINAL PAYMENT Date/Time: Confirm with: Email ☑ Call ☐

Payee 1:	S$ 4,600.00	Name 1:	Liu's Brother Auto Engineering Workshop
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	