15/5/2010

INS. CASE OWNER: CC4/FCI20012359/Aes3

LKK:

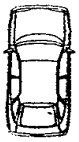
IDAC:

ASSIGNMENT

Surveyor: Adrian DOI: 11/11/2020 Date / Time : 11/11/2020

Registered in Merimen: 11/11/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 179H Claim No. :

Name of Insured : CITYCAB PTE LTD Policy No. :

Insured Tel No. : HP: Make / Model :

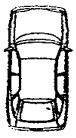
Excess Sec II :S$ D.O.A : 09/11/2020 Place of Accident :

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

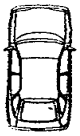
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

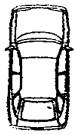
SGA 5544B → → →



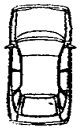
INSRS:
WSP: HUA MENG
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SGA 5544B : X
	SHC 179H : CC3/AIG16013310/H1zb3q2 ; DOA : 16/07/2016

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**	**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: LWP
Repair Cost: L/S	S$ 7,000.00 (8 days)	Reduction: 52 %	Email Call
FINAL SETTLEMENT	Date/Time: 19.04.21	Confirm with JING YEE	Email Cal
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 7,000.00	OID BEATS RED LIGHT AT CONTROL JUNCTION	
Loss of Rental (LOR):	S$ 1,200.00 (12 days)	X $100	
Loss of Use (LOU):	S$ - ($ x days)		
Loss of Income (LOI):	S$ - ($ x days)		
LOR only ☑ LOU only ☐	LOR + LOU ☐	LOR + LO ☐ [**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: $500
Total:	**S$** 8,207.45	**Global Sum S$:**	
FINAL PAYMENT	Date/Time: 19.04.21	Confirm with: JING YEE	Email Cal

Payee 1:	S$ 8,207.45	Name 1:	HUA MENG SPRAY PAINTING WORKSHOP
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	