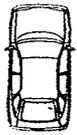|		
		LKK:
INS. CASE OWNER: ERIC WOO	**CC4/FCI20012888/ra3**	IDAC:

ASSIGNMENT

Surveyor: _____   DOI: _____   Date / Time : 23/11/2020
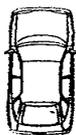
Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : SHB 4829U		Claim No. :	D20004762MFSH
Name of Insured : CITYCAB PTE LTD		Policy No. :	D-20094921MFSH
Insured Tel No. :	HP:	Make / Model :	
Excess Sec II :S$	D.O.A : 19/11/2020 19:10	Place of Accident :	ALONG JALAN BAHAR

Is driver the owner?   (YES / NO)   Nature of Accident : _____
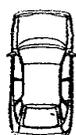
If **NO**, Driver Name / Age : _____   OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

SMS 6689U ———→   ———→   ———→

INSRS:	INSRS:	INSRS:	INSRS:
WSP: EM-1 AUTO	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time			STAGE	DATE / PIC
	SMS 6689U - X		Non-Reporting ltr (1st):	
	SHB 4829U - CC3/AXA13010075/H1rb3c3 ; 03/06/2013		Non-Reporting ltr (2nd):	
	CC4/FCI20010094/Gpa3q2 ; 18/09/2020		Non-Reporting ltr (Final):	
	CS/FCI16018391/Utbm2 ; 26/09/2016		Notification ltr (if non-pickup):	
	CS/FCI17020678/R1gbe2 ; 22/10/2017		Call OI:	
	CS/QW08006778/Rv ; 29/01/2008		After call ltr to OI:	
	NA/INC10003914/w1 ; 25/02/2010		**Documentation Check List: Handler Typist**	
	NJA/INC10014119/j1 ; 18/07/2010		Notification ltr (if non-pickup)	☐ ☐
	NS/INC12000170/H1qn ; 02/01/2012		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: 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: