		LKK:
INS. CASE OWNER: **ERIC WOO**	**CC4/FCI20012888/T1ra3q2**	IDAC:

ASSIGNMENT
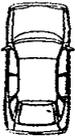
Surveyor: **TAUFIKH** DOI: **24/11/2020** Date / Time : **23/11/2020**

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**

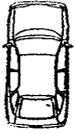Is driver the owner? (YES / NO) Nature of Accident : _____

If **NO**, Driver Name / Age : _____ OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
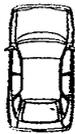
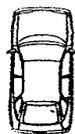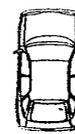Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

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		
	SMS 6689U - X	
	SHB 4829U - CC3/AXA13010075/H1rb3c3 ; 03/06/2013	
	CC4/FCI20010094/Gpa3q2 ; 18/09/2020	
	CS/FCI16018391/Utbm2 ; 26/09/2016	
	CS/FCI17020678/R1gbe2 ; 22/10/2017	
	CS/QW08006778/Rv ; 29/01/2008	
	NA/INC10003914/w1 ; 25/02/2010	
	NJA/INC10014119/j1 ; 18/07/2010	
	NS/INC12000170/H1qn ; 02/01/2012	

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:

Repair Cost: **L/SUM** S$ **4,700.00** (**8** days) Reduction: **29** % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: **24/5/2021** Confirm with **KAREN** Email ☑ Call ☐

Final Liability:	% **100** (Agreed / Assessed) BOLA S/N No. : **NIL**	If NO or B 28, Ass. Lia :
Repair Cost:	S$ **5,029.00**	
Loss of Rental (LOR):	S$ (days)	
Loss of Use (LOU):	S$ **640.00** ($ **80** x **8** days)	
Loss of Income (LOI):	S$ ($ x days)	
LOR only ☐ LOU only ☑ LOR + LOU ☐ LOR + LOI ☐ [**Tick only one**]		
GIA/LTA Search	S$ **36.45**	
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$ **5,705.45** **Global Sum S$:**	

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

Payee 1:	S$ **5,705.45**	Name 1: **EM-1 AUTO PTE LTD**
Payee 2: (Strike if N.A.)	S$	Name 2:
Payee 3: (Strike if N.A.)	S$	Name 3: