15/5/2010

INS. CASE OWNER: CC4/FCI20012968/T1es3

LKK:

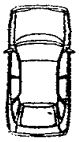
IDAC:

ASSIGNMENT

Surveyor: Taufikh DOI: 24/11/2020 Date / Time : 24/11/2020

Registered in Merimen: –

Pre-assign / CCU / FTE



Insured Vehicle No. : SHB 2285B Claim No. :

Name of Insured : CITYCAB PTE LTD Policy No. :

Insured Tel No. : HP: Make / Model :

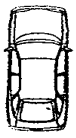
Excess Sec II :S$ D.O.A : 22/11/2020 Place of Accident :

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

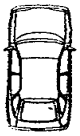
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

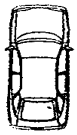
SLV 7934B → → →



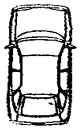
INSRS:
WSP: EM-1
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SLV 7934B : X
	SHB 2285B : CS/FCI18011734/Aqd3n2 ; DOA : 18/06/2018

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: MTH
Repair Cost: L/S	S$ 5,250.00 (4 days)	Reduction: 34 %	Email [ ] Call [ ]
FINAL SETTLEMENT	Date/Time: 11.05.21	Confirm with KAREN	Email [ ] Cal [ ]
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : B:NIL	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 5,617.50	OID REVERSED INTO MINOR ROAD HIT TP	
Loss of Rental (LOR):	S$ - (days)		
Loss of Use (LOU):	S$ 240.00 ($ 60.00 x 4 days)		
Loss of Income (LOI):	S$ - ($ x days)		
LOR only [✓] LOU only [ ]	LOR + LOU [ ]	LOR + LO [ ] [**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: $350
Total:	**S$** 5,893.95	**Global Sum S$:** 5,890.00	

FINAL PAYMENT	Date/Time: 11.05.21	Confirm with: KAREN		Email [ ]	Cal [ ]
Payee 1:	S$ 5,890.00	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:			