15/5/2010

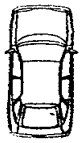
INS. CASE OWNER: ERIC WOO | CC4/FCI20013848/R1ra3 | LKK: IDAC:

ASSIGNMENT

Surveyor: RASUL DOI: 15/12/2020 Date / Time : 15/12/2020

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SHB 2996H Claim No. : D20005102MFSH

Name of Insured : CITYCAB PTE LTD Policy No. : D-20094921MFSH

Insured Tel No. : HP: Make / Model : TOYOTA PRIUS

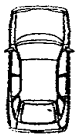
Excess Sec II :S$ D.O.A : 14/12/2020 07:28 Place of Accident : ALONG JLN ANAK BUKIT JUNCTION UPP BT TIMAH RD

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

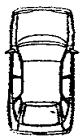
If **NO**, Driver Name / Age : KHONG KUM WENG OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

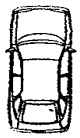
XE 739S →



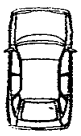
INSRS:
WSP: VFIX AUTO SERVICE
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	XE 739S - X	Non-Reporting ltr (1st):	
	SHB 2996H - CC3/AIG10021109/H1jr1q2 ; 17/10/2010	Non-Reporting ltr (2nd):	
	CC4/LCR18023176/K1jb3q2 ; 25/12/2018	Non-Reporting ltr (Final):	
	CS3/FCI15009138/Fqy3k3 ; 20/04/2015	Notification ltr (if non-pickup):	
	NA/INC10019924/s1 ; 28/04/2010	Call OI:	
	NS/INC10012314/Dg1 ; 23/06/2010	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:	☐
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:	