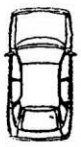
INS. CASE OWNER: ERIC WOO | CC4/FCI20013848/R1ra3 | IDAC:

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

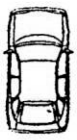
Excess Sec II :S$ D.O.A : 14/12/2020 07:28 Place of Accident : ALONG JLN ANAK BUKIT JUNCTION ~~UPP BT TIMAH RD~~

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

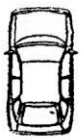
If **NO**, Driver Name / Age : KHONG KUM WENG OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

XE 739S → → →

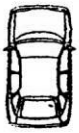


INSRS:
WSP: VFIX AUTO SERVICE
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	XE 739S - X SHB 2996H - CC3/AIG10021109/H1jr1q2 ; 17/10/2010 CC4/LCR18023176/K1jb3q2 ; 25/12/2018 CS3/FCI15009138/Fqy3k3 ; 20/04/2015 NA/INC10019924/s1 ; 28/04/2010 NS/INC10012314/Dg1 ; 23/06/2010
29/12/2020	PLEASE REFER TO VIEWS FOR DETAILS * SUBMIT WP AS PER FCI INSTRUCTION
15/04/21	TO CLOSE SUBMIT W/P REPORT.

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$ 1,350.00 (3 days) Reduction: 92 % 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$	1) Claim status: ~~Normal/Reject/Private Settle~~ WP
Medical:	S$	2) Report Format: TP
Disbursement:	S$ (e.g. Tow/ Independent)	3) Survey fee: 416.00
Legal Cost	S$	$170+$90+$56+$50+$50
Total:	**S$** **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:	