

15/5/2010

INS. CASE OWNER:

CC4/FCI20014020/Ges3

LKK:

IDAC:

ASSIGNMENT

Surveyor: XGQ

DOI: 17/12/2020

Date / Time : 17/12/2020

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 7255A

Claim No. : _____

Name of Insured : CITYCAB PTE LTD

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 14/12/2020

Place of Accident : _____

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

If NO, Driver Name / Age : _____

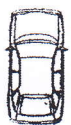
OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NO

Driver Tel No. : _____

(V/L: ☒ YES / NO)

Insured Liability : _____ % Final ? Yes / No

SME 1313K

INSRS:
WSP: KAH MOTOR
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SME 1313K : X		
	SHC 7255A : CS/FCI18000735/T1qd3e2 ; DOA : 15/12/2017	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: XGQ		
Repair Cost: P/P S\$ 14,502.90 (11 days) Reduction: 23 %	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\$ (S x days)			
Loss of Income (LOI): S\$ (S x days)			
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LC ☐ [Tick only one]			
GIA/LTA Search S\$			
Medical: S\$			
Disbursement: S\$ (e.g. Tow/ Independent)			
Legal Cost S\$			
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: _____		

SURVEY FEE: \$290

TRANSPORT: \$150

PHOTO : \$89

1) Claim status: Normal/Reject/Private Settle

2) Report Format: TP/WP

3) Survey fee: \$529.00