15/5/2010

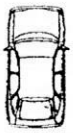
INS. CASE OWNER: ERIC WOO | CC4/FCI20014610/Ura3 | LKK: IDAC:

ASSIGNMENT

Surveyor: MARCUS DOI: 29/12/2020 Date / Time : 28/12/2020

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SHB 2377U Claim No. : SNM20D204880

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

Insured Tel No. : HP: Make / Model : HYUNDAI I40

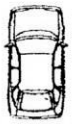
Excess Sec II :S$ D.O.A : 22/12/2020 13:10 Place of Accident : JLN TAN TOCK SENG

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

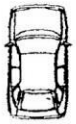
If **NO**, Driver Name / Age : CHUA HENG JEE@ CHUA SEOW HENG GI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

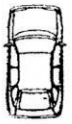
SLL 6427H → → →



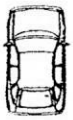
INSRS:
WSP: JIN AUTO
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SLL 6427H - NS/INC20014477/T1qd3; 22.12.2020	Non-Reporting ltr (1st):	
	SHB 2377U - CC3/AIG09017702/Cwq1 ; 06/08/2009	Non-Reporting ltr (2nd):	
	CS/FCI18020440/Ntbe2 ; 02/11/2018	Non-Reporting ltr (Final):	
	NS/INC20014477/T1qd3 ; 22/12/2020	Notification ltr (if non-pickup):	
		Call OI:	
03.02.2021	PLEASE REFER TO VIEWS FOR DETAILS	After call ltr to OI:	
	*REJECT CASE AS PER FCI INSTRUCTION	**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:	

Reject Case
By (staff) : Joshua
Approved by : Yu
Date : 11-02-21

PRELIMINARY ADVICE Date/Time: Sent By:

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: L/SUM S$ 1,900.00 (3 days) Reduction: 57 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 03.02.2021 Confirm with JOUIS 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: TP
Legal Cost	S$	3) Survey fee: 246.00
Total:	**S$** **Global Sum S$:**	($110 + $36 + $50 + $50 = $246

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:	