15/5/2010

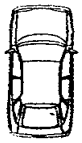
INS. CASE OWNER: ERIC WOO | CC4/FCI20014611/T1ra3 | LKK: IDAC:

ASSIGNMENT

Surveyor: TAUFIKH DOI: 29/12/2020 Date / Time : 28/12/202

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 7157A | Claim No. : D-20094921MFSH

Name of Insured : CITYCAB PTE LTD | Policy No. : D20005250MFSH

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

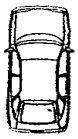
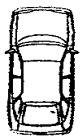
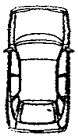
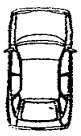
Excess Sec II :S$ | D.O.A : 20/12/2020 15:20 | Place of Accident : BLK 112 LENGKOK TIGA

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

If **NO**, Driver Name / Age : QUAH SAY THONG | OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

FBQ 9501Z → → →

 INSRS: WSP: TEAMWORK GARAGE Tel : Liability : RMKS:	 INSRS: WSP: Tel : Liability : RMKS:	 INSRS: WSP: Tel : Liability : RMKS:	 INSRS: WSP: Tel : Liability : RMKS:

Date/ Time		
	FBQ 9501Z - X	**STAGE** **DATE / PIC**
	SHC 7157A - CC4/FCI20008046/T1da3q2 ; 30/07/2020	Non-Reporting ltr (1st):
	CC4/FCI20008293/R1es3q2 ; 30/07/2020	Non-Reporting ltr (2nd):
	CC4/FCI20014408/R1ra3 ; 20/12/2020	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:
PRELIMINARY ADVICE Date/Time:	Sent By:	Post-Repair Photos:
		Others:

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: L/SUM	S$ 1,050.00 (3 days) Reduction: 79 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 05.4.2021 Confirm with JONAH		Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : NIL		If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 1,123.50		
Loss of Rental (LOR):	S$ (days)		
Loss of Use (LOU):	S$ 80.00 ($ 20 x 4 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: 350.00
Total:	**S$** 1,203.50 **Global Sum S$:**		
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 1,203.50	Name 1:	TEAMWORK GARAGE PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	