15/5/2010

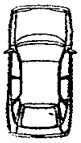
INS. CASE OWNER: ~~ERIC WOO~~ ~~MERINA CHIA~~ | ~~CC4/FCI21000096/ea3~~ CC4/FCI21000096/T1ea3q2 | LKK: IDAC:

ASSIGNMENT

Surveyor: TAUFIKH DOI: 05/01/2021 Date / Time : 04/01/2020

Registered in Merimen: ——

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 7615U Claim No. : D21000068MFSH

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

Insured Tel No. : HP: Make / Model : HYUNDA IONIQ

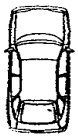
Excess Sec II :S$ D.O.A : 29/12/2020 19:05 Place of Accident : MANDAI ROAD AND MANDAI LAKE ROAD

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

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

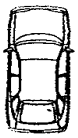
Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SLR 6784U → → →

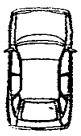


INSRS:
WSP: SHU FATT AUTO WORKS
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SHC 7615U - CS/FCI14020701/Kvj3d1 ; 01.11.2014	Non-Reporting ltr (1st):	
	- NA/UOI12014769/s2 ; 30.07.2012	Non-Reporting ltr (2nd):	
	SLR 6784U - X	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: MTH
Repair Cost: P/P	S$ 5,388.43 (7 days)	Reduction: 39 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 31.05.21	Confirm with JULIA	Email ☐ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 5,765.62	OID REAR ENDED TP	
Loss of Rental (LOR): w/GST	S$ 856.00 (8 days)	x $100	
Loss of Use (LOU):	S$ - ($ x days)		
Loss of Income (LOI):	S$ - ($ x days)		
LOR only ☑ LOU only ☐	LOR + LOU ☐	LOR + LOI ☐ [**Tick only one**]	
GIA/LTA Search	S$ 7.49		
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: $350
Total:	**S$** 6,629.11	**Global Sum S$:**	

FINAL PAYMENT	Date/Time: 31.05.21	Confirm with: JULIA	Email ☐ Call ☐
Payee 1:	S$ 6,629.11	Name 1:	SHU FATT AUTO WORKS
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	