15/5/2010

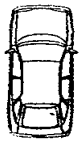
INS. CASE OWNER: ERIC WOO | CC4/FCI21000180/ea3 | LKK: IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 05/01/2021

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SHB 4707M | Claim No. : D21000129MFSH

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

Insured Tel No. : _____ HP: _____ | Make / Model : _____

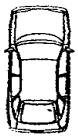
Excess Sec II :S$ _____ D.O.A : 31/12/2020 12:30 | Place of Accident : _____

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

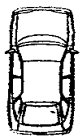
If **NO**, Driver Name / Age : | OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

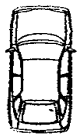
SDR 5665G → _____ → _____ → _____



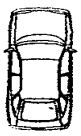
INSRS:
WSP: NPH AUTO SERVICE
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SDR 5665G - CS/INC09015128/Dvb2 ; 01/05/2009	Non-Reporting ltr (1st):	
	NA/INC09009457/r ; 01/05/2009	Non-Reporting ltr (2nd):	
	NA/INC09009458/r ; 01/05/2009	Non-Reporting ltr (Final):	
	SHB 4707M - CC3/AIG10025601/Da2u2k2 ; 18/12/2010	Notification ltr (if non-pickup):	
	CC3/AIG15001106/H1ua3k3 ; 17/01/2015	Call OI:	
	CS3/FCI16000659/R1gbd1 ; 28/05/2015	After call ltr to OI:	
	NA/AIG15002450/r3 ; 17/01/2015	**Documentation Check List:**	**Handler** **Typist**
	NA/UOI17011236/r3 ; 09/06/2017	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: CKS
Repair Cost: L/S	S$ 1,350.00 (2 days)	Reduction: 65 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 29.03.21	Confirm with PEGGY	Email ☐ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 1,444.50	OID HIT TP PARKED VEHICLE	
Loss of Rental (LOR):	S$ - (days)		
Loss of Use (LOU):	S$ 120.00 ($ 60 x 2 days)		
Loss of Income (LOI):	S$ - ($ x days)		
LOR only ☐ LOU only ☑	LOR + LOU ☐ LOR + LOI ☐	[**Tick only one**]	
GIA/LTA Search	S$ 7.45		
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: $350
Total:	**S$** 1,571.95	**Global Sum S$:** 1,570.00	
FINAL PAYMENT	Date/Time: 29.03.21	Confirm with: PEGGY	Email ☐ Call ☐

Payee 1:	S$ 1,570.00	Name 1:	NPH AUTO SERVICE
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	