15/5/2010

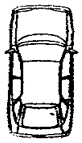
INS. CASE OWNER: ERIC WOO | CC4/FCI21000271/R1ea3 | LKK: IDAC:

## ASSIGNMENT

Surveyor: RASUL DOI: 08/01/2021 Date / Time : 06/01/2021

Registered in Merimen: ——

**Pre-assign / CCU / FTE**



Insured Vehicle No. : SHA 8681G Claim No. : D21000121MFSH

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

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

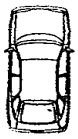
**Excess Sec II :S$** D.O.A : 16/12/2020 14:05 Place of Accident : Near 09-01 Collyer Quay, Singapore

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

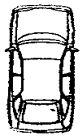
If **NO**, Driver Name / Age : FAN WAI YENG OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

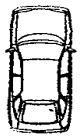
SLR 3494B → → →



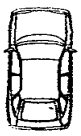
INSRS:
WSP: DING AUTO
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

| Date/ Time | | | |
|---|---|---|---|
| | SLR 3494B - X<br>SHA 8681G - CS/QW08007249/Rch ; 19/02/2008<br>NA/INC08032098/Ar ; 06/12/2008 | **STAGE** | **DATE / PIC** |
| | | 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: | ☐ |
| **PRELIMINARY ADVICE** Date/Time: Sent By: | | Post-Repair Photos: | ☐ ☐ |
| | | Others: | ☐ ☐ |

**FINALIZATION** Date/Time: Confirm with: Confirm by: MRB

Repair Cost: P/P S$ 650.00 ( 2 days) Reduction: 43 % 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$ | SURVEY FEE: $100 |
| Loss of Rental (LOR): | S$ ( days) | TRANSPORT: $100 |
| Loss of Use (LOU): | S$ ($ x days) | PHOTO : $23 |
| Loss of Income (LOI): | S$ ($ 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/WP |
| Legal Cost | S$ | 3) Survey fee: $223 |
| **Total:** | **S$** **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: | |