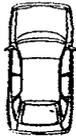


INS. CASE OWNER:

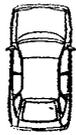
ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 17/03/2021
Registered in Merimen: _____

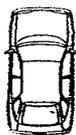
Pre-assign / CCU / FTE

Insured Vehicle No. : SHA 8751M Claim No. : _____
Name of Insured : CITYCAB PTE LTD Policy No. : VFX/P2419140
Insured Tel No. : _____ HP: _____ Make / Model : TOYOTA PRIUS
Excess Sec II : S\$ _____ D.O.A : 12/03/2021 21:30 Place of Accident : UPP SERANGOON RD TWDS CITY
Is driver the owner? (YES / NO) Nature of Accident : _____

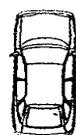
If NO, Driver Name / Age : CHUA HIOK SUAH OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
Driver Tel No. : _____ (V/L: YES / NO) Insured Liability : _____ % **Final ? Yes / No**

FBQ 9181M

INSRS:
WSP: TEAMWORK
Tel : _____
Liability : _____
RMKS: _____



INSRS:
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS:
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS:
WSP: _____
Tel : _____
Liability : _____
RMKS: _____

Date/ Time		STAGE	DATE / PIC
	FBQ 9181M - X		
	SHA 8751M - CC3/AIG10001900/Ca2e2r1 ; 28/01/2010	Non-Reporting ltr (1st):	
	CC3/AIG10007356/H1jr1k2 ; 14/04/2010	Non-Reporting ltr (2nd):	
	CC3/TMI19022146/Ftf3s2 ; 15/12/2019	Non-Reporting ltr (Final):	
	CS/FCI19020290/Uqd3n2 ; 18/09/2019	Notification ltr (if non-pickup):	
	CS/FCI19020315/Uvd3n2 ; 08/11/2019	Call OI:	
	NA/LIP19019877/z4 ; 08/11/2019	After call ltr to OI:	
		Documentation Check List:	Handler Typist
		Notification ltr (if non-pickup)	<input type="checkbox"/> <input type="checkbox"/>
		After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
		Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
		Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
		Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
		Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
		LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
		PIR:	<input type="checkbox"/> <input type="checkbox"/>
		Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
		LOD	<input type="checkbox"/> <input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
		Others:	<input type="checkbox"/> <input type="checkbox"/>
FINALIZATION	Date/Time: _____ Confirm with: _____	Confirm by:	
Repair Cost:	S\$ _____ (_____ days) Reduction: _____ %	Email <input type="checkbox"/>	Call <input type="checkbox"/>
FINAL SETTLEMENT	Date/Time: _____ Confirm with _____	Email <input type="checkbox"/>	Call <input type="checkbox"/>
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 <input type="checkbox"/>	LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/>	LOR + LOI <input type="checkbox"/> [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:	
Legal Cost	S\$ _____	3) Survey fee:	
Total:	S\$ _____ Global Sum S\$:		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email <input type="checkbox"/>	Call <input type="checkbox"/>
Payee 1:	S\$ _____ Name 1: _____		
Payee 2: (Strike if N.A.)	S\$ _____ Name 2: _____		
Payee 3: (Strike if N.A.)	S\$ _____ Name 3: _____		