

INS. CASE OWNER:

ASSIGNMENT

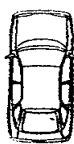
Surveyor:

ADRIAN

DOI: 26/03/2021

Date / Time : 26/03/2021

Registered in Merimen:

Pre-assign / CCU / FTEInsured Vehicle No. : **SHB 3421T**Claim No. : **S1M036DS**Name of Insured : **CITYCAB PTE LTD**Policy No. : **VFX/P2419140**

Insured Tel No. : _____ HP: _____

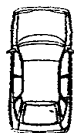
Make / Model : **HYUNDAI IONIQ****Excess Sec II :S\$** _____ D.O.A : **25/03/2021 12:05**Place of Accident : **Geylang Road, Singapore**

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

If NO, Driver Name / Age : **LEN BOON KWEE**

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : _____ (V/L: YES / NO)

Insured Liability : % **Final ? Yes / No****SJB 6002B**INSRS:
WSP:
Tel : **MG SOLUTION**
Liability : **PTE LTD**
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	SJB 6002B - CS3/FCI15002124/T1qy3k3 ; 31.01.2015	STAGE	DATE / PIC
	SHB 3421T - CS/FCI12010390/T1y1k3 ; 22/05/2012	Non-Reporting ltr (1st):	
	CS/MSG19017761/T1tf3n2 ; 08/10/2019	Non-Reporting ltr (2nd):	
	CS3/FCI15007154/Fvbq2 ; 24/04/2015	Non-Reporting ltr (Final):	
	CS3/FCI16013652/T1qh3c2 ; 21/07/2016	Notification ltr (if non-pickup):	
	NA/AIG15007017/d2 ; 24/04/2015	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:	REPAIR LIMITS\$ 10,000.00 (3 days) Reduction: \$17,158.96 % 63	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 15/06/2021 Confirm with SU	Email ☒ Call ☐	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 28	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ 10,700.00 W/GST		
Loss of Rental (LOR):	S\$ (days)	C.C (OI LAST)	
Loss of Use (LOU):	S\$ 1,200.00 (\$80 x 15 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: \$350.00	
Total:	S\$ 11,907.45 Global Sum S\$:		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email ☒ Call ☐	
Payee 1:	S\$ 11,907.45 Name 1: MG SOLUTION PTE LTD		
Payee 2: (Strike if N.A.)	S\$ Name 2:		
Payee 3: (Strike if N.A.)	S\$ Name 3:		