15/5/2010

INS. CASE OWNER: CC4/ASM21008628/Ags3

LKK:

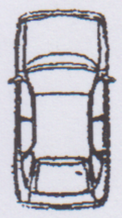
IDAC:

ASSIGNMENT

Surveyor: Adrian DOI: 24/08/2021 Date / Time : 17/08/2021

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 7723R

Name of Insured : CITYCAB PTE LTD

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A :12/08/2021

Is driver the owner? (YES / NO)

If **NO**, Driver Name / Age :

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

Claim No. :

Policy No. :

Make / Model :

Place of Accident : PREMISES OF FUHUA SEC SCH

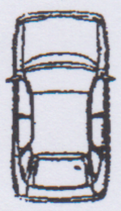
Nature of Accident :

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

Insured Liability : % **Final ? Yes / No**

SJN 613P →

INSRS:
WSP: MG SOLUTION
Tel :
Liability :
RMKS:



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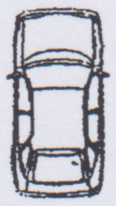
INSRS:
WSP:
Tel :
Liability :
RMKS:



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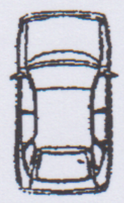
INSRS:
WSP:
Tel :
Liability :
RMKS:



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INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SJN 613P : CS3/MSG17019806/Gbs2 ; DOA : 13/10/2017	Non-Reporting ltr (1st):	
	SHC 7723R : CC3/AIG12015349/H1b1g2y ; DOA : 03/08/2012	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
CLAIMANT:	JACOBS DOUWE EGBERTS RTL SCC SG PTE LTD	Call OI:	
		After call ltr to OI:	
		Documentation Check List:	**Handler** / **Typist**
	TPV: TOYOTA ALPHARD - 3456cc	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:	☐ / ☐
28/01/2022	REJECTION EMAIL TO TP - MR YEW TO CHOP & SIGN	LOD	☐ / ☐
		Payment Breakdown Form:	☐
		Post-Repair Photos:	☐ / ☐
		Others:	☐ / ☐

Reject Case
By (staff) : Cecilia
Approved by : Yh
Date : 28/01/22

PRELIMINARY ADVICE	Date/Time:	Sent By:	
FINALIZATION	Date/Time:	Confirm with:	Confirm by: Email ☐ Call ☐
Repair Cost: L/S	S$ $2,850.00 (4 days) Reduction: $3,737.53 % 57		
FINAL SETTLEMENT	Date/Time:	Confirm with SU	Email ☐ Cal ☐
Final Liability:	% 0	(Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :
Repair Cost: 3049.50	S$	W/GST	
Loss of Rental (LOR):	S$	(days)	
Loss of Use (LOU):	S$	($ x days)	OI ALREADY STATIONARY AND TP SQUEEZE THROUGH
Loss of Income (LOI):	S$	($ x days)	
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LO ☐ **[Tick only one]**			
GIA/LTA Search	S$		1) Claim status: Normal/Reject/Private Settle
Medical:	S$		2) Report Format: REJECT
Disbursement:	S$	(e.g. Tow/ Independent)	3) Survey fee: ~~$350.00~~ $250.00
Legal Cost	S$		
Total:	**S$**	**Global Sum S$:**	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Cal ☐
Payee 1:	S$	Name 1:	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	