

## ASSIGNMENT

Surveyor: RAMDOI: 03/02/2020Date / Time: 14/01/2020Registered in Merimen:       

Pre-assign / CCU / FTE

Insured Vehicle No. : SHA 9208JName of Insured : CITYCAB PTE LTDInsured Tel No. :                      HP:                     Excess Sec II : \$                      D.O.A : 09/01/2020 17:30Is driver the owner? ( YES / ☒ NO ) Nature of Accident :                     If NO, Driver Name / Age : PANG TUCK SENGDriver Tel No. : +65-97958711 (V/L: YES / NO)Claim No. : D20000306MFSHPolicy No. : D-20094921MFSHMake / Model : HYUNDAI I40-1.7 D CRDI (A)Place of Accident : ALONG ARTILLERY AVESANTOSA ISLANDOI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NOInsured Liability :        % Final ? Yes / No

SHC 6791A

INSRS:  
WSP: PREMIER  
Tel :                       
Liability :                       
RMKS:                     INSRS:  
WSP:                       
Tel :                       
Liability :                       
RMKS:                     INSRS:  
WSP:                       
Tel :                       
Liability :                       
RMKS:                     INSRS:  
WSP:                       
Tel :                       
Liability :                       
RMKS:                     

Date/ Time	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)	<input type="checkbox"/> <input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
	Authorisation To Act:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Release Voucher:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Final Repair Bill:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Car Rental Invoice:	<input checked="" 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 checked="" type="checkbox"/> <input type="checkbox"/>
	LOD	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
	Others:	<input type="checkbox"/> <input type="checkbox"/>
	SETTLED AND CLOSED	

PRELIMINARY ADVICE Date/Time:

Sent By:

## FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost: P/P S\$ 889.28 ( 1 days) Reduction: 82.40 %Email ☐ Call ☐FINAL SETTLEMENT Date/Time: 28/04/2020 Confirm with SHAFAWATIEmail ☒ Call ☐Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 16Repair Cost: (W/GST) S\$ 951.53Loss of Rental (LOR): S\$ 63.03 ( 0.5 days) X \$126.05Loss of Use (LOU): S\$ 25.00 (\$ 50.00x 0.5 days)Loss of Income (LOI): S\$ - (\$ x days)LOR only ☐ LOU only ☐ LOR + LOU ☒ LOR + LOI ☐ (Tick only one)GIA/LTA Search S\$ -Medical: S\$ -Disbursement: S\$ -Legal Cost S\$ -Total: S\$ 1,039.56Global Sum S\$: 1,000.00Email ☐ Call ☐

## FINAL PAYMENT

Date/Time:

Confirm with:

Payee 1: S\$ 1,000.00

Name 1:

PREMIER AUTOMOTIVE SERVICES PTE LTD

Payee 2: (Strike if N.A.) S\$ -

Name 2:

Payee 3: (Strike if N.A.) S\$ -

Name 3:

1) Claim status: Normal/Reject/Private Settle

2) Report Format: TP3) Survey fee: \$350.00

OI encroached centre lane divider and hit TP vehicle on the opposite lane