| INS. CASE OWNER: | RACHEL WU | CC4/FCI20002012/Eda3 | LKK: |
| --- | --- | --- | --- |
| | | | IDAC: |

**ASSIGNMENT**

Surveyor: **STEVE**  DOI: 05/02/2020  Date / Time : 04/02/2020

Registered in Merimen: —

**Pre-assign / CCU / FTE**

| | |
| --- | --- |
| Insured Vehicle No. : **SHA 340T** | Claim No. : **D20000783MFSH** |
| Name of Insured : **CITYCAB PTE LTD** | Policy No. : **D-20094921MFSH** |
| Insured Tel No. : HP: | Make / Model : |
| **Excess Sec II :S$** D.O.A : 21/01/2020 | Place of Accident : |
| Is driver the owner? ( YES / NO ) Nature of Accident : | |

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

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

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
Insured Liability :  %  **Final ? Yes / No**

**SLR 1067P** →  →

| INSRS: | INSRS: | INSRS: | INSRS: |
| --- | --- | --- | --- |
| WSP: HWA PENG AUTO | WSP: | WSP: | WSP: |
| Tel : SERVICE (1996) | Tel : | Tel : | Tel : |
| Liability : | Liability : | Liability : | Liability : |
| RMKS: | RMKS: | RMKS: | RMKS: |

| Date/ Time | SHA 340T - CS/MSG19011516/R1td3e2; DOA: 26.06.19 | STAGE | DATE / PIC |
| --- | --- | --- | --- |
| | - NA/FWD19019522/h4; DOA : 04.11.19 | Non-Reporting ltr (1st): | |
| | - CS/EGI17022343/T1tbe2; DOA: 22.11.17 | Non-Reporting ltr (2nd): | |
| | SLR 1067P - X | Non-Reporting ltr (Final): | |
| | | Notification ltr (if non-pickup): | |
| | Type text here | 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: | | |
| Post-Repair Photos: | | |
| Others: | | |

**PRELIMINARY ADVICE** Date/Time:  Sent By:

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

Repair Cost: S$ 1,450.00 ( 2 days) Reduction: 67 %  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$ | | |
| Loss of Rental (LOR): | S$ ( days) | | |
| Loss of Use (LOU): | S$ ($ x 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$ | | 1) Claim status: Normal/Reject/Private Settle |
| Disbursement: | S$ | (e.g. Tow/ Independent ) | 2) Report Format: WP |
| Legal Cost | S$ | | 3) Survey fee: $206 |
| Total: | S$ | 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: | |