

ASSIGNMENT

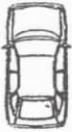
Surveyor: STEVE

DOI: 11/02/2020

Date / Time : 06/02/2020

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SHB 2239K

Claim No. : D20000840MFSH

Name of Insured : CITYCAB PTE LTD

Policy No. : D-20094921MFSH

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$ \$ _____ D.O.A : 04/02/2020 18:35

Place of Accident : _____

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

If NO, Driver Name / Age : _____

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

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

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

SME 3003S



INSRS:
WSP: **C & C KIA**
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC	
SHB 2239K - CC3/AIG14012943/H1pb3w2; DOA: 08.07.14 CC3/EQ116024693/H1pb3s2; DOA: 22.12.16 CS/FCI19004585/Etd3e2 ; DOA: 01.03.19	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 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:

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

Repair Cost: **P/P** \$ \$ **2,117.00** (**3** days) Reduction: **77 %** Email Call

FINAL SETTLEMENT Date/Time: **01.09.20** Confirm with: **LARRY** Email Call

Final Liability: % **100** (Agreed / Assessed) BOLA S/N No. : **NIL** If NO or B 28, Ass. Lia : **OID HIT TP PARKED VEHICLE**

Repair Cost: **w/GST** \$ \$ **2,265.19**

Loss of Rental (LOR): \$ \$ **321.00** (**3** days) X \$100

Loss of Use (LOU): \$ \$ - (\$ x days) **Type text here**

Loss of Income (LOI): \$ \$ - (\$ x days)

LOR only LOU only LOR + LOU LOR + LOI [Tick only one]

GIA/LTA Search \$ \$ -

Medical: \$ \$ -

Disbursement: \$ \$ - (e.g. Tow/ Independent)

Legal Cost \$ \$ -

Total: \$ \$ **2,586.19** **Global Sum \$ \$:**

FINAL PAYMENT Date/Time: **01.09.20** Confirm with: **LARRY** Email Call

Payee 1: \$ \$ **2,586.19** Name 1: **CYCLE & CARRIAGE KIA PTE LTD**

Payee 2: (Strike if N.A.) \$ \$ Name 2: _____

Payee 3: (Strike if N.A.) \$ \$ Name 3: _____