

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 :\$S\$ _____ 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	
SME 3003S - X	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: _____
Repair Cost: \$S\$ (_____ days) Reduction: % _____ 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) *Type text here*

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\$ (e.g. Tow/ Independent) _____

Legal Cost \$S\$ _____
1) Claim status: Normal/Reject/Private Settle
2) Report Format: _____
3) Survey fee: _____

Total: \$S\$ **Global Sum \$S\$:** _____ Email Call

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

