






ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 19/02/2020
Registered in Merimen: _____

Pre-assign / CCU / FTE

	Insured Vehicle No. :	SHC 403K	Claim No. :	D20001082MFSH	X
	Name of Insured :	CITYCAB PTE LTD	Policy No. :	D-20094921MFSH	
	Insured Tel No. :	HP: _____	Make / Model :	TOYOTA PRIUS TAXI-1.8 (A)	
	Excess Sec II :S\$	D.O.A : 30/01/2020 18:15	Place of Accident :	ALONG MANDAI ROAD FROM BKE	
Is driver the owner? (YES / <input checked="" type="checkbox"/> NO) Nature of Accident : _____					
If NO, Driver Name / Age : KOH YU CHUN			OI GIA REPORT: <input checked="" type="checkbox"/> YES / NO ; TP GIA REPORT: <input checked="" type="checkbox"/> YES / NO		
Driver Tel No. : 65-96813336 (V/L: YES / NO)			Insured Liability : % Final ? Yes / No		

XD 6230H

	INSRS: ASM WSP: AUTOMOTIVE Tel: SERVICES Liability: RMKS:		INSRS: WSP: Tel: Liability: RMKS:		INSRS: WSP: Tel: Liability: RMKS:		INSRS: WSP: Tel: Liability: RMKS:
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Date/ Time	STAGE	DATE / PIC
	SHC 403K - CS3/FCI14023152/Avj3d1; 11.12.14	
	XD 6230H - X	
24.02.20	Wsp INFORM CLAIMANT WITHDRAW CLAIM.	Non-Reporting ltr (1st):
		Non-Reporting ltr (2nd):
		Non-Reporting ltr (Final):
24.02.20	INFORM FC CLAIMANT WITHDRAW.	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"/>
		Post-Repair Photos: <input type="checkbox"/> <input type="checkbox"/>
		Others: <input type="checkbox"/> <input type="checkbox"/>

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____	
FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____	
Repair Cost: S\$ _____ (_____ days) Reduction: % _____ Email <input type="checkbox"/> Call <input type="checkbox"/>	
FINAL SETTLEMENT Date/Time: _____ Confirm with: _____ Email <input type="checkbox"/> Call <input type="checkbox"/>	
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 <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]	
GIA/LTA Search S\$ _____	
Medical: S\$ _____	
Disbursement: S\$ _____ (e.g. Tow/ Independent)	
Legal Cost S\$ _____	
Total: S\$ _____ Global Sum S\$: _____	
FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email <input type="checkbox"/> Call <input type="checkbox"/>	
Payee 1: S\$ _____ Name 1: _____	
Payee 2: (Strike if N.A.) S\$ _____ Name 2: _____	
Payee 3: (Strike if N.A.) S\$ _____ Name 3: _____	