

Surveyor:

Kenneth

DOI:

ASSIGNMENT

2/3/2020

Date / Time : 27/02/2020

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SHD 8626B

Name of Insured : CITYCAB PTE LTD

Insured Tel No. : _____ HP: _____

Excess Sec II : S\$ _____ D.O.A : 26/02/2020 08:10

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

If NO, Driver Name / Age : ONG CHIN OON

Driver Tel No. : +65-96801272 (V/L: YES / NO)

Claim No. : _____

Policy No. : D-18088937MFSH

Make / Model : HYUNDAI IONIQ

Place of Accident : UBI AVE 3 SLIP RD TO EUNOS LINK

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

Insured Liability : % Final ? Yes / No

SCK 5599M

INSRS: CHENG HOE
WSP: MOTOR
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
SCK 5599M - CS/MSG18003271/Kvbn2 ; 19/02/2018	Non-Reporting ltr (1st):	
NA/INC18003175/z4 ; 19/02/2018	Non-Reporting ltr (2nd):	
SHD 8626B - X	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)	☐ ☐
	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:	☐ ☐
PRELIMINARY ADVICE Date/Time:	Sent By:	Post-Repair Photos: ☐ ☐
		Others: ☐ ☐
FINALIZATION Date/Time:	Confirm with:	Confirm by:
Repair Cost: 4 sum S\$ 3450.00 (5 days) Reduction: 31 %		Email ☐ Call ☐
FINAL SETTLEMENT Date/Time: 23/8/2021 Confirm with June		Email ☐ Call ☐
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27 ✓		If NO or B 28, Ass. Lia :
Repair Cost: W/GST S\$ 3691.50		
Loss of Rental (LOR): S\$ - (- days)		
Loss of Use (LOU): S\$ 400.00 (\$ 80 x 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\$ - (e.g. Tow/ Independent)		
Legal Cost S\$ -		
Total: S\$ 4091.50	Global Sum S\$:	
FINAL PAYMENT Date/Time:	Confirm with:	Email ☒ Call ☐
Payee 1: S\$ 4091.50	Name 1: Cheng Hoe Motor Pte Ltd	
Payee 2: (Strike if N.A.) S\$	Name 2:	
Payee 3: (Strike if N.A.) S\$	Name 3:	