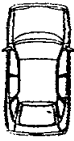


ASSIGNMENTSurveyor: ADRIANDOI: 06/04/2020Date / Time : 01/04/2020

Registered in Merimen: _____

Pre-assign / CCU / FTE

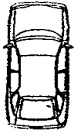
Insured Vehicle No. : SHD 8593L
 Name of Insured : CITYCAB PTE LTD
 Insured Tel No. : 65508768 HP: _____
 Excess Sec II :S\$ _____ D.O.A : 30/03/2020

Claim No. : D20001723MFSH
 Policy No. : D-20094921MFSH
 Make / Model : HYUNDAI 40-1.7 D CRDI (A)
 Place of Accident : ALONG JALAN BESAR BEFORE VEERASAMY ROAD

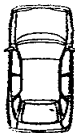
Is driver the owner? (YES / ☒ NO) Nature of Accident : _____

If NO, Driver Name / Age : MOHAMED ANVERDEEN S/O ABDUL HAMEED
 Driver Tel No. : 89262155 (V/L: YES / NO)

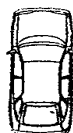
OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NO
 Insured Liability : % **Final ? Yes / No**

SMN 5489M

INSRS:
WSP: HUA MENG SPRAY
Tel : PAINTING
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	SMN 5489M - NA/CTI20004701/z4 30/03/2020	STAGE	DATE / PIC
		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
21/07/2020	FCI DENY LIABILITY. INSTRUCT TO SUBMIT WP AS THEY WILL HANDLE FROM THEIR END.	Notification ltr (if non-pickup)	<input type="checkbox"/>
		After call ltr to OI:	<input type="checkbox"/>
		Authorisation To Act:	<input type="checkbox"/>
		Release Voucher:	<input type="checkbox"/>
		Final Repair Bill:	<input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/>
		Towing Invoice	<input type="checkbox"/>
		LTA / GIA :	<input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/>
		PIR:	<input type="checkbox"/>
		Mandate/Reject Instruction:	<input type="checkbox"/>
		LOD	<input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/>
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____	Post-Repair Photos:	<input type="checkbox"/>
		Others:	<input type="checkbox"/>
FINALIZATION	Date/Time: _____ Confirm with: _____	Confirm by: _____	
Repair Cost: L/S	S\$ 3000.00 (5 days) Reduction: 3376.88 % 52	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\$ (5 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\$	1) Claim status: Normal/Reject/Private Settle	
Disbursement:	S\$ (e.g. Tow/ Independent)	2) Report Format: WP	
Legal Cost	S\$	3) Survey fee: \$322.00	
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:	