

INS. CASE OWNER:

CC 4 / FCI 2000 6708 / R1es3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

RASUL

DOI:

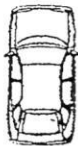
26/06/2020

Date / Time :

26/06/2020

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SHA 9569S

Claim No. :

Name of Insured : CITYCAB PTE LTD

Policy No. :

Insured Tel No. : HP: _____

Make / Model :

Excess Sec II : S\$ D.O.A : 19/06/2020

Place of Accident :

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

If NO, Driver Name / Age :

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

Driver Tel No. :

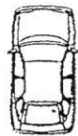
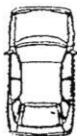
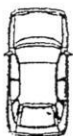
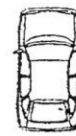
(V/L: YES / NO)

Insured Liability :

%

Final ? Yes / No

SBS 3333X

INSRS:
WSP: TOWER TRANSIT
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SBS 3333X : CC4/AIG18019325/R1hb3q2 ; DOA : 20/10/2018 SHA 9569S : X		STAGE	DATE / PIC
	Kindly verify the OID DL		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)	☐ ☐
			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:	Email ☐ Call ☐
Repair Cost:	S\$	(days) Reduction:	%	
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)		
Loss of Income (LOI):	S\$	(\$ x days)		
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐	[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:
Legal Cost	S\$			3) Survey fee:
Total:	S\$	Global Sum S\$:		
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐	
Payee 1:	S\$	Name 1:		
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		