

ASSIGNMENT

Surveyor:

MARCUS

DOI: 30.06.2020

Date / Time : 30.06.2020

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SHA 9340J

Claim No. : D20002582MFSH

Name of Insured : CITYCAB PTE LTD

Policy No. : D-20094921MFSH

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$_____ D.O.A : 26.06.2020 10:25

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

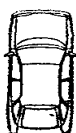
Driver Tel No. :

(V/L: YES / NO)

Insured Liability : %

Final ? Yes / No

FBH 3071J

INSRS:
WSP: BAN HOCK HIN
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time					
	FBH 3071J - CS/LAW18009225/K1tbe2; 30.5.16	STAGE	DATE / PIC		
	SHA 9340J - CC6/AXA10024823/Dq1u2q2; 03/12/2010	Non-Reporting ltr (1st):			
	CS/FCI16016905/R1qh3m2; 06/09/2016	Non-Reporting ltr (2nd):			
	NA/INC11002875/r; 15/02/2011	Non-Reporting ltr (Final):			
	NS/INC10020551/Dn; 13/10/2010	Notification ltr (if non-pickup):			
	NS/INC11002959/Dn; 15/02/2011	Call OI:			
	NS/INC12022684/H1zk3; 21/11/2012	After call ltr to OI:			
	NS/INC15016897/H1tbn2; 05/10/2015	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:	S\$ 1,450.00	(4 days) Reduction: 44 %	Email ☐	Call ☐	
FINAL SETTLEMENT	Date/Time: 18/08/2020	Confirm with Raymond	Email ☒	Call ☐	
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :		
Repair Cost: (w/GST)	S\$ 1,551.50				
Loss of Rental (LOR):	S\$ -	(days)			
Loss of Use (LOU):	S\$ 80.00	(\$ 20 x 4 days)			
Loss of Income (LOI):	S\$ -	(\$ x days)			
LOR only ☐	LOU only ☒	LOR + LOU ☐	LOR + LOI ☐	[Tick only one]	
GIA/LTA Search	S\$ 7.45				
Medical:	S\$ -		1) Claim status: Normal/ Reject/Private Settle		
Disbursement:	S\$ -	(e.g. Tow/ Independent)	2) Report Format: TP		
Legal Cost	S\$ -		3) Survey fee: \$350		
Total:	S\$ 1,638.95	Global Sum S\$:			
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐	Call ☐	
Payee 1:	S\$ 1,638.95	Name 1:	Ban Hock Hin Co Pte Ltd		
Payee 2: (Strike if N.A.)	S\$	Name 2:			
Payee 3: (Strike if N.A.)	S\$	Name 3:			