

ASSIGNMENT

Surveyor: Kenneth

DOI: 15/07/2020

Date / Time : 15/07/2020

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SHB 2194E

Claim No. : _____

Name of Insured : CITYCAB PTE LTD

Policy No. : _____

Insured Tel No. : HP:

Make / Model : _____

Excess Sec II :SS D.O.A: 24/06/2020

Place of Accident : _____

Is driver the owner? (YES / **NO**)

Nature of Accident :	
----------------------	--

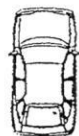
If NO, Driver Name / Age :

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

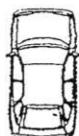
Driver Tel No. : (V/L: YES / NO)

Insured Liability :	%	Final ? Yes / No

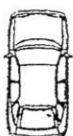
SMH 6253B



INRS:
WSP: **CHENG HOE**
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SMH 6253B : X SHB 2194E : CS/FCI18016645/Atbn2 ; DOA : 04/09/2018		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
			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:	KSC
Repair Cost:	P/P S\$ 1,298.48 (2 days)	Reduction: 23 %	Email ☐	Call ☐
FINAL SETTLEMENT	Date/Time: 17.09.20	Confirm with JUNE	Email ☐	Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :	
Repair Cost:	w/GST S\$ 1,389.37	OID HIT TP PARKED VEHICLE		
Loss of Rental (LOR):	S\$ - (days)			
Loss of Use (LOU):	S\$ 120.00 (\$ 60 x 2 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)		1) Claim status: Normal/Reject/Dispute/Settle	
Legal Cost	S\$ -		2) Report Format: TP	
			3) Survey fee: \$350	
Total:	S\$ 1,509.37	Global Sum S\$:		
FINAL PAYMENT	Date/Time: 17.09.20	Confirm with: JUNE	Email ☐	Call ☐
Payee 1:	S\$ 1,509.37	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:		