

ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : **23/07/2020**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **SHA 8372Z**Claim No. : **D20002899MFSH**Name of Insured : **CITYCAB PTE LTD**Policy No. : **D-20094921MFSH**

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ **D.O.A :** **20-07-2020**

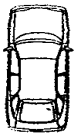
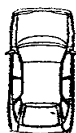
Place of Accident : _____

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****SJE 7301R**INSRS:
WSP: **TRIPLE-T**
Tel : **AUTOMOBILE**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SJE 7301R - X	STAGE
	SHA 8372Z - CC4/III19010698/Dga3q2 ; 12/06/2019	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: _____
FINALIZATION	Date/Time: _____	Confirm with: _____
Repair Cost: P/P	S\$ 714.16 (2 days) Reduction: 28 %	Confirm by: _____
		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 15.12.2020 Confirm with IRENE	Email ☒ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : NA	If NO or B 28, Ass. Lia : 100
Repair Cost:	S\$ 714.16	
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\$ 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: 350.00
Total:	S\$ 841.61	Global Sum S\$:
FINAL PAYMENT	Date/Time: _____	Confirm with: _____
		Email ☐ Call ☐
Payee 1:	S\$ 841.61	Name 1: TRIPLE-T AUTOMOBILE
Payee 2: (Strike if N.A.)	S\$ _____	Name 2: _____
Payee 3: (Strike if N.A.)	S\$ _____	Name 3: _____