

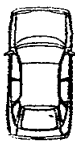
ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : **25/08/2020**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **SHC 608L**Claim No. : **D20003376MFSH**Name of Insured : **CITYCAB PTE LTD**Policy No. : **D-20094921MFSH**

Insured Tel No. : _____ HP: _____

Make / Model : **HYUNDAI IONIQ****Excess Sec II :S\$** _____ D.O.A : **23/08/2020 17:00**Place of Accident : **HOLLAND RD >> HOLLAND AVE**

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

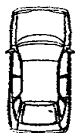
If NO, Driver Name / Age : **GHAN DJIN HOAT**

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

Driver Tel No. : _____

(V/L: YES / NO)

Insured Liability : _____ %

Final ? Yes / No**SCA 6119L**INSRS:
WSP: **KAH MOTOR**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SCA 6119L - CC4/AIG09009088/Un1pn ; 24.04.2009	STAGE DATE / PIC
	SHC 608L - CS/FCI15000161/M1gbc2 ; 27/12/2014	Non-Reporting ltr (1st):
	CS/FCI16020468/Ggh3m2 ; 15/10/2016	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: _____		
Repair Cost: S\$ 2922.75 (4 days) Reduction: 7,298.79 /71 %		Email ☐ Call ☐
FINAL SETTLEMENT Date/Time: 16/10/2020 Confirm with LIM		Email ☒ Call ☐
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27		If NO or B 28, Ass. Lia :
Repair Cost: (w/GST) S\$ 3,127.34		
Loss of Rental (LOR): S\$ (days)		
Loss of Use (LOU): S\$ 240.00 (\$ 60 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\$		
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: \$ 500
Total: S\$ 3,367.34 Global Sum S\$:		
FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email ☐ Call ☐		
Payee 1: S\$ 3,367.34	Name 1: Kah Motor Co Sdn Bhd	
Payee 2: (Strike if N.A.) S\$	Name 2:	
Payee 3: (Strike if N.A.) S\$	Name 3:	