		LKK:
INS. CASE OWNER:	**ERIC WOO**	**CC4/FCI20009161/ea3**	IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : **30/08/2020**

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : **SHA 356Z**	Claim No. : **D20003428MFSH**
Name of Insured : **CITYCAB PTE LTD**	Policy No. : **D-20094921MFSH**
Insured Tel No. : _____ HP: _____	Make / Model : **HYUNDAI I40-1.7 D CRDI (A)**
Excess Sec II :S$ _____ D.O.A : **15/08/2020 10:45**	Place of Accident : **ALONG WOODLANDS AVENUE 7**

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

If **NO**, Driver Name / Age : **LIM KEAT LUN**   OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : _____ (V/L: YES / NO)   Insured Liability : ____ %   **Final ? Yes / No**

SKC 5712A ⟶ _____ ⟶ _____ _____ ⟶ _____

INSRS: **SBL MOTOR SERVICES PTE LTD** WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time			
	SKC 5712A - CV/DBS18001057/R1Cc ; -	**STAGE**	**DATE / PIC**
	SHA 356Z - CS/FCI18007739/Dqbn2 ; 31/05/2018	Non-Reporting ltr (1st):	
	NA/INC17008485/h4 ; 29/04/2017	Non-Reporting ltr (2nd):	
	NS/INC12003857/H1qm ; 21/02/2012	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:		☐
Post-Repair Photos:	☐	☐
Others:	☐	☐

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____

FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____

Repair Cost: S$ _____ (____ days) Reduction: ____ %   Email ☐ Call ☐

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: