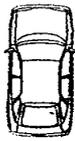


**ASSIGNMENT**

Surveyor: \_\_\_\_\_ DOI: \_\_\_\_\_ Date / Time : **30/08/2020**  
Registered in Merimen: \_\_\_\_\_

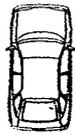
**Pre-assign / CCU / FTE**



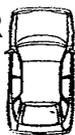
Insured Vehicle No. : **SHA 356Z** Claim No. : **D20003428MFSH**  
Name of Insured : **CITYCAB PTE LTD** Policy No. : **D-20094921MFSH**  
Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_ Make / Model : **HYUNDAI I40-1.7 D CRDI (A)**  
**Excess Sec II :S\$** D.O.A : **15/08/2020 10:45** Place of Accident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

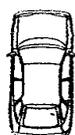
**SKC 5712A**



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		STAGE	DATE / PIC
	<b>SKC 5712A - CV/DBS18001057/R1Cc ; -</b>	Non-Reporting ltr (1st):	
	<b>SHA 356Z - CS/FCI18007739/Dqbn2 ; 31/05/2018</b>	Non-Reporting ltr (2nd):	
	<b>NA/INC17008485/h4 ; 29/04/2017</b>	Non-Reporting ltr (Final):	
	<b>NS/INC12003857/H1qm ; 21/02/2012</b>	Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	
		<b>Documentation Check List:</b>	<b>Handler Typist</b>
		Notification ltr (if non-pickup)	<input type="checkbox"/> <input type="checkbox"/>
		After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
		Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
		Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
		Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
		Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
		LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
		PIR:	<input type="checkbox"/> <input type="checkbox"/>
		Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
		LOD	<input type="checkbox"/> <input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
<b>PRELIMINARY ADVICE</b>	Date/Time: _____ Sent By: _____	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
		Others:	<input type="checkbox"/> <input type="checkbox"/>
<b>FINALIZATION</b>	Date/Time: _____ Confirm with: _____	Confirm by: <b>XGQ</b>	
Repair Cost: <b>P/P</b>	<b>S\$ 1,000.00</b> ( <b>4</b> days) Reduction: <b>12</b> %	Email <input type="checkbox"/> Call <input type="checkbox"/>	
<b>FINAL SETTLEMENT</b>	Date/Time: _____ Confirm with _____	Email <input type="checkbox"/> Call <input type="checkbox"/>	
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)	<b>SURVEY FEE: \$100</b>	
Loss of Income (LOI):	S\$ (\$ _____ x _____ days)	<b>TRANSPORT: \$50</b>	
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]		<b>PHOTO : \$21</b>	
GIA/LTA Search	S\$		
Medical:	S\$	1) Claim status: Normal/ <del>Reject/Private Settle</del>	
Disbursement:	S\$ (e.g. Tow/ Independent )	2) Report Format: <b>TP/WP</b>	
Legal Cost	S\$	3) Survey fee: <b>\$171</b>	
<b>Total:</b>	<b>S\$</b>	<b>Global Sum S\$:</b>	
<b>FINAL PAYMENT</b>	Date/Time: _____ Confirm with: _____	Email <input type="checkbox"/> Call <input type="checkbox"/>	
Payee 1:	S\$ Name 1: _____		
Payee 2: (Strike if N.A.)	S\$ Name 2: _____		
Payee 3: (Strike if N.A.)	S\$ Name 3: _____		