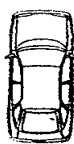


ASSIGNMENTSurveyor: **STEVE**

DOI: _____

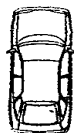
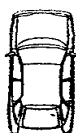
Date / Time : **07/09/2020**Registered in Merimen: **---****Pre-assign / CCU / FTE**Insured Vehicle No. : **SHC 7136K**Claim No. : **D20003604MFSH**Name of Insured : **CITYCAB PTE LTD**Policy No. : **D-20094921MFSH**

Insured Tel No. : _____ HP: _____

Make / Model : **HYUNDAI I40****Excess Sec II :S\$** _____ D.O.A : **06/09/2020 12:00**Place of Accident : **ALONG YIO CHU KANG RD TOWARDS SERANGOON**Is driver the owner? (YES / NO) Nature of Accident : **COLLISION - HEAD TO REAR**If **NO**, Driver Name / Age : **GOH KHIOK BOON**

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

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

Insured Liability : _____ % **Final ? Yes / No****SHC 7136K****SKF 2008D****SMJ 9129Y**INSRS:
WSP:
Tel :
Liability :
RMKS: **OI**INSRS:
WSP: **RICO 60**
Tel :
Liability :
RMKS: **TP**INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SKF 2008D - CS/SMO20009521/Kvf3 - 06/09/2020	Non-Reporting ltr (1st):	
	SHC 7136K - NS/INC14010731/H1qm3c3 - 05/06/2014	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)	<input type="checkbox"/> <input type="checkbox"/>
		After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
		Authorisation To Act:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Release Voucher:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Final Repair Bill:	<input checked="" 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 checked="" type="checkbox"/> <input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
		PIR:	<input type="checkbox"/> <input type="checkbox"/>
		Mandate/Reject Instruction:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		LOD	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
		Others:	<input type="checkbox"/> <input type="checkbox"/>
FINALIZATION	Date/Time: _____ Confirm with: _____	Confirm by:	
Repair Cost:	S\$ 4,000.00 (6 days) Reduction: 79 %	Email <input type="checkbox"/> Call <input type="checkbox"/>	
FINAL SETTLEMENT	Date/Time: 20/10/2020 Confirm with Yvonne	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 100%	
Repair Cost: (w/GST)	S\$ 4,280.00	3 veh C.C, OI was last	
Loss of Rental (LOR):	S\$ - (_____ days)		
Loss of Use (LOU):	S\$ 400.00 (\$ 50 x 8 days)		
Loss of Income (LOI):	S\$ - (\$ _____ x _____ days)		
LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]			
GIA/LTA Search	S\$ 50.49		
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: \$600	
Total:	S\$ 4,730.49 Global Sum S\$:		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email <input type="checkbox"/> Call <input type="checkbox"/>	
Payee 1:	S\$ 4,730.49 Name 1: Rico 60 Auto Services Pte Ltd		
Payee 2: (Strike if N.A.)	S\$ _____ Name 2: _____		
Payee 3: (Strike if N.A.)	S\$ _____ Name 3: _____		