

**ASSIGNMENT**

Surveyor: RASUL DOI: \_\_\_\_\_ Date / Time : 08/09/2020  
 Registered in Merimen: \_\_\_\_\_

**Pre-assign / CCU / FTE**



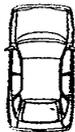
Insured Vehicle No. : SHB 3323T Claim No. : D20003574MFSH/1  
 Name of Insured : CITYCAB PTE LTD Policy No. : \_\_\_\_\_  
 Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_ Make / Model : HYUNDAI AE IONIQ-1.6 (A)  
**Excess Sec II :S\$** \_\_\_\_\_ D.O.A : 04/09/2020 06:45 Place of Accident : TUAS WEST DRIVE  
 Is driver the owner? ( YES / NO ) Nature of Accident : SIDE SWIPE

If NO, Driver Name / Age : CHEE SEE HWA / 45 OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO  
 Driver Tel No. : \_\_\_\_\_ (V/L: YES / NO ) Insured Liability : % **Final ? Yes / No**

YN 9679M →



INSRS:  
WSP:MOVA AUTOMOTIVE  
Tel : PTE LTD  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time		STAGE	DATE / PIC
	<b>YN 9679M - X</b>	Non-Reporting ltr (1st):	
	<b>SHB 3323T - CC3/AIC09017988/Dw - 11/08/2009</b>	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	
		<b>Documentation Check List: Handler Typist</b>	
		Notification ltr (if non-pickup)	<input type="checkbox"/>
		After call ltr to OI:	<input type="checkbox"/>
		Authorisation To Act:	<input type="checkbox"/>
		Release Voucher:	<input type="checkbox"/>
		Final Repair Bill:	<input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/>
		Towing Invoice	<input type="checkbox"/>
		LTA / GIA :	<input type="checkbox"/>
<u>24/02/2021</u>	<b>FCI RECD TP LOD, INSTRUCT TO SUBMIT WP REPORT AND CLOSE THE CASE. ADMIN TO CLOSE</b>	Medical Bill:	<input type="checkbox"/>
		PIR:	<input type="checkbox"/>
		Mandate/Reject Instruction:	<input type="checkbox"/>
		LOD	<input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/>
<b>PRELIMINARY ADVICE</b>	Date/Time: _____ Sent By: _____	Post-Repair Photos:	<input type="checkbox"/>
		Others:	<input type="checkbox"/>
<b>FINALIZATION</b>	Date/Time: _____ Confirm with: _____	Confirm by:	
Repair Cost: <u>L/S</u>	S\$ <u>5150.00</u> ( <u>7</u> days) Reduction: <u>\$4,005.50</u> % <u>44</u>	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:	% <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>15</u>	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 <input type="checkbox"/>	LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/>	LOR + LOI <input type="checkbox"/> [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: <u>WP</u>	
Legal Cost	S\$ _____	3) Survey fee: <u>\$317.00</u>	
<b>Total:</b>	<b>S\$ _____ 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: _____		