

**ASSIGNMENT**

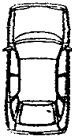
Surveyor: Adrian

DOI: 06/10/2020

Date / Time : 06/10/2020

Registered in Merimen:     

**Pre-assign / CCU / FTE**



Insured Vehicle No. : SHA 8329A

Claim No. :     

Name of Insured : CITYCAB PTE LTD

Policy No. :     

Insured Tel No. :      HP:     

Make / Model :     

Excess Sec II :S\$      D.O.A : 30/09/2020

Place of Accident :     

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

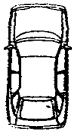
If NO, Driver Name / Age :     

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

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

Insured Liability :      % **Final ? Yes / No**

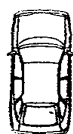
**SKJ 7434C**



INSRS: CAS GARAGE  
WSP:       
Tel :       
Liability :       
RMKS:     



INSRS:       
WSP:       
Tel :       
Liability :       
RMKS:     



INSRS:       
WSP:       
Tel :       
Liability :       
RMKS:     



INSRS:       
WSP:       
Tel :       
Liability :       
RMKS:     

Date/ Time	SKJ 7434C : X	STAGE	DATE / PIC
	SHA 8329A : NS/INC16011644/H1vbd1 ; DOA : 21/06/2016	Non-Reporting ltr (1st):	
		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"/> <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"/>
<b>PRELIMINARY ADVICE</b>	Date/Time: <u>    </u> Sent By: <u>    </u>	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
		Others:	<input type="checkbox"/> <input type="checkbox"/>
<b>FINALIZATION</b>	Date/Time: <u>    </u> Confirm with: <u>    </u>	Confirm by: <u>LWP</u>	
Repair Cost: <u>L/S</u>	S\$ <u>1,800.00</u> ( <u>4</u> days) Reduction: <u>88</u> %	Email <input type="checkbox"/> Call <input type="checkbox"/>	
<b>FINAL SETTLEMENT</b>	Date/Time: <u>10.03.21</u> Confirm with <u>CAS</u>	Email <input type="checkbox"/> Call <input type="checkbox"/>	
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>NIL</u>	If NO or B 28, Ass. Lia :	
Repair Cost: <u>w/GST</u>	S\$ <u>1,926.00</u>	<b>OID CHANGED LAND AND HIT TP REAR</b>	
Loss of Rental (LOR):	S\$ <u>--</u> ( <u>    </u> days)		
Loss of Use (LOU):	S\$ <u>600.00</u> (\$ <u>150</u> x <u>4</u> days)		
Loss of Income (LOI):	S\$ <u>-</u> (\$ <u>    </u> x <u>    </u> days)		
LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/>	LOR + LOU <input type="checkbox"/> LOR + LO <input type="checkbox"/> <b>[Tick only one]</b>		
GIA/LTA Search	S\$ <u>29.00</u>		
Medical:	S\$ <u>-</u>	1) Claim status: Normal/ <del>Reject/Private Settle</del>	
Disbursement:	S\$ <u>-</u> (e.g. Tow/ Independent )	2) Report Format: <u>TP</u>	
Legal Cost	S\$ <u>-</u>	3) Survey fee: <u>\$500</u>	
<b>Total:</b>	S\$ <u>2,555.00</u> <b>Global Sum S\$: 2,550.00</b>		
<b>FINAL PAYMENT</b>	Date/Time: <u>10.03.21</u> Confirm with: <u>CAS</u>	Email <input type="checkbox"/> Call <input type="checkbox"/>	
Payee 1:	S\$ <u>2,550.00</u> Name 1: <u>CAS GARAGE PTE LTD</u>		
Payee 2: (Strike if N.A.)	S\$ <u>    </u> Name 2: <u>    </u>		
Payee 3: (Strike if N.A.)	S\$ <u>    </u> Name 3: <u>    </u>		