

ASSIGNMENT

Surveyor:

RASULDOI: **21/10/2020**Date / Time : **12/10/2020**Registered in Merimen: **---****Pre-assign / CCU / FTE**Insured Vehicle No. : **SHD 8596D**Claim No. : **D20004048MFSH**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 : **04/10/2020 09:45**Place of Accident : **ALONG BRAS BASAH RD JUNCTION BEACH RD**

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

If **NO**, Driver Name / Age : **SEAH TIAM KWEE**

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

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

Insured Liability : % **Final ? Yes / No****SLU 209M**INSRS:
WSP: **PERFORMANCE**
Tel : **MOTOR LTD**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	SLU 209M - X	STAGE	DATE / PIC
	SHD 8596D - CC4/FCI20003149/T1ba3q2 ; 20/02/2020	Non-Reporting ltr (1st):	
	CC4/FCI20003164/Aea3 ; 16/01/2020	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
	Instructions To Surveyor DIRECT SETTLEMENT:	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:	☐ ☐
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____	Post-Repair Photos:	☐ ☐
		Others:	☐ ☐
FINALIZATION	Date/Time: _____ Confirm with: _____	Confirm by:	
Repair Cost: p/p	S\$ 5615.35 (4 days) Reduction: 6639.75 % 54	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 16/12/2020 Confirm with EVELYN	Email ☒ Call ☐	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 23	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ 6008.42 (W/GST)		
Loss of Rental (LOR):	S\$ 513.60 (4 days) x \$128.40 (W/GST)		
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: TP	
Legal Cost	S\$	3) Survey fee: \$500.00	
Total:	S\$ 6522.02	Global Sum S\$:	
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email ☒ Call ☐	
Payee 1:	S\$ 6522.02	Name 1:	PERFORMANCE MOTORS LIMITED
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	