

Surveyor:

Adrian

DOI:

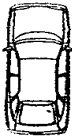
ASSIGNMENT
26/10/2020

Date / Time :

23/10/2020

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : SHA 8605C

Claim No. : _____

Name of Insured : CITYCAB PTE LTD

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 18/10/2020

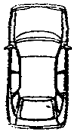
Place of Accident : _____

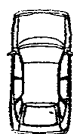
Is driver the owner? (YES / NO) Nature of Accident : _____

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**SLC 7784S
 INSRs:
 WSP: N-51
 Tel :
 Liability :
 RMKS:

 INSRs:
 WSP:
 Tel :
 Liability :
 RMKS:

 INSRs:
 WSP:
 Tel :
 Liability :
 RMKS:

 INSRs:
 WSP:
 Tel :
 Liability :
 RMKS:

Date/ Time		
	SLC 7784S : X	STAGE DATE / PIC
	SHA 8605C : CC3/QBE17009366/H1eg3n2 ; DOA : 12/05/2017	Non-Reporting ltr (1st):
		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) ☐ ☐
		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: LWP
Repair Cost: <u>L/S</u> S\$ <u>8,500.00</u> (<u>6</u> days) Reduction: <u>43</u> %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: <u>03.08.21</u>	Confirm with <u>MELODY</u> Email ☐ Call ☐
Final Liability: % <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>5</u>		If NO or B 28, Ass. Lia :
Repair Cost: <u>w/GST</u> S\$ <u>9,095.00</u>		OID TURN RIGHT AT CONTROL JUNCTION
Loss of Rental (LOR): S\$ <u>-</u> (<u> </u> days)		
Loss of Use (LOU): S\$ <u>480.00</u> (\$ <u>60</u> x <u>8</u> days)		
Loss of Income (LOI): S\$ <u>-</u> (\$ <u> </u> x <u> </u> days)		
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LO ☐ [Tick only one]		
GIA/LTA Search S\$ <u>7.45</u>		
Medical: S\$ <u>-</u>		1) Claim status: Normal/ Reject/Private Settle
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>
Total: S\$ <u>9,582.45</u>	Global Sum S\$: <u>9,580.00</u>	
FINAL PAYMENT	Date/Time: <u>03.08.21</u>	Confirm with: <u>MELODY</u> Email ☐ Call ☐
Payee 1: S\$ <u>9,580.00</u>	Name 1: <u>N-51 AUTOMOTIVE 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>	