

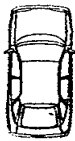
ASSIGNMENT

Surveyor:

DOI:

Date / Time : 26/11/2020

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : SHA 9439J

Claim No. : D20004829MFSH

Name of Insured : CITYCAB PTE LTD

Policy No. : D-20094921MFSH

Insured Tel No. : HP:

Make / Model : TOYOTA PRIUS

Excess Sec II :S\$

D.O.A : 24/11/2020 14:55

Place of Accident : SINARAN DR BEFORE MOULMEIN RD

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. :

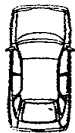
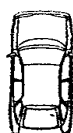
(V/L: YES / NO)

Insured Liability :

%

Final ? Yes / No

PC 5128C

INSRS:
WSP: ALAN'S
Tel : UNITED
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	PC 5128C - X		
	SHA 9439J - CC3/LCR17024446/K1wb3q2 ; 22/12/2017	Non-Reporting ltr (1st):	
	CC4/AIG20010653/Epa3 ; 03/10/2020	Non-Reporting ltr (2nd):	
	NS/INC10002298/Cn ; 02/02/2010	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:	☐ ☐
		Post-Repair Photos:	☐ ☐
		Others:	☐ ☐
PRELIMINARY ADVICE	Date/Time:	Sent By:	
FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: L/SUM	S\$ 2,850.00 (4 days)	Reduction: 43 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 26/02/2021	Confirm with KENNY	Email ☐ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S\$ 3,049.50		
Loss of Rental (LOR):	S\$ (days)		
Loss of Use (LOU):	S\$ 600.00 (\$ 120.00 x 5 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 Settlement
Disbursement:	S\$ (e.g. Tow/ Independent)		2) Report Format: TP
Legal Cost	S\$		3) Survey fee: 350.00
Total:	S\$ 3,649.50	Global Sum S\$:	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S\$ 3,649.50	Name 1:	Alan's United Auto Pte Ltd
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	