

ASSIGNMENT

Surveyor:

OI SUN PIN

DOI: 04/12/2020

Date / Time : 04/12/2020

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : SHB 2406U

Claim No. : D20004919MFSH

Name of Insured : CITYCAB PTE LTD

Policy No. : D-20094921MFSH

Insured Tel No. : _____ HP: _____

Make / Model : HYUNDAI I40

Excess Sec II : \$ _____ D.O.A : 27/11/2020 23:40

Place of Accident : HERITAGE VIEW CONDO DRIVEWAY

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

If NO, Driver Name / Age : LIM KAH YIM

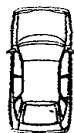
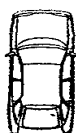
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : _____

(V/L: YES / NO)

Insured Liability : _____ %

Final ? Yes / No

SMN 9255UINSRS:
WSP: My Car
Tel : Consultant
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SMN 9255U - CS3/FCI19021965/Hsf3e2 ; 11.12.2019	Non-Reporting ltr (1st):	
	SHB 2406U - CS/FCI14012951/T1qm3d1 ; 07.07.2014	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: _____	Confirm by: OSP	
Repair Cost: L/S	\$S\$ 1,650.00 (3 days) Reduction: 80 %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 25.03.21 Confirm with: HUIQIN	Email ☐ Call ☐	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :	
Repair Cost: w/GST	\$S\$ 1,765.50	OID REVERSED HIT TP VEHICLE	
Loss of Rental (LOR):	\$S\$ - (days)		
Loss of Use (LOU):	\$S\$ 240.00 (\$ 90 x 3 days)		
Loss of Income (LOI):	\$S\$ - (\$ x days)		
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]			
GIA/LTA Search	\$S\$ 7.49		
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: \$350	
Total:	\$S\$ 2,042.99	Global Sum \$S\$: 2,040.00	
FINAL PAYMENT	Date/Time: 25.03.21 Confirm with: HUIQIN	Email ☐ Call ☐	
Payee 1:	\$S\$ 2,040.00	Name 1: MY CAR CONSULTANT PTE LTD	
Payee 2: (Strike if N.A.)	\$S\$	Name 2:	
Payee 3: (Strike if N.A.)	\$S\$	Name 3:	