

ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : **04/12/2020**

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : **SHA 9B**Claim No. : **D20004921MFSH**Name of Insured : **CITYCAB PTE LTD**Policy No. : **D-20094921MFSH**

Insured Tel No. : _____ HP: _____

Make / Model : **HYUNDAI IONIQ**Excess Sec II :\$ \$ D.O.A : **26/11/2020 23:00**Place of Accident : **BEDOK RESEVOIR ROAD**

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

If NO, Driver Name / Age : **TEY JIA SHING**

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

Driver Tel No. : _____

(V/L: YES / NO)

Insured Liability : % **Final ? Yes / No****SLE 408P**INSRS: **CYCLE & CARRIAGE**
WSP: **FRANCE**
Tel : _____
Liability : _____
RMKS: _____INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____

Date/ Time		STAGE	DATE / PIC
	SLE 408P - X	Non-Reporting ltr (1st):	
	SHA 9B - CC3/AIG16018169/M1wb3q2 ; 24/09/2016	Non-Reporting ltr (2nd):	
	NS/INC17010830/H1vbm2 ; 02/06/2017	Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
20/8/2021	PLEASE REFER TO VIEWS FOR DETAILS	After call ltr to OI:	
	*SUBMIT REJECT AS PER FCI INSTRUCTIONS	Documentation Check List:	Handler Typist
	NO SURVEY DONE	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"/> <input type="checkbox"/>
		Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
		Others:	<input type="checkbox"/> <input type="checkbox"/>

Reject Case
 By (staff) : *Jason*
 Approved by : *lv*
 Date : *23/08/21*

PRELIMINARY ADVICE		Date/Time: _____	Sent By: _____
FINALIZATION		Date/Time: _____	Confirm with: _____
Repair Cost:	\$ \$	(_____ days) Reduction:	% _____
FINAL SETTLEMENT		Date/Time: _____	Confirm with: _____
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :	Email <input type="checkbox"/> Call <input type="checkbox"/>
Repair Cost:	\$ \$		
Loss of Rental (LOR):	\$ \$	(_____ days)	
Loss of Use (LOU):	\$ \$	(\$ _____ x _____ days)	
Loss of Income (LOI):	\$ \$	(\$ _____ x _____ days)	
LOR only <input type="checkbox"/>	LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/>	LOR + LOI <input type="checkbox"/> [Tick only one]
GIA/LTA Search	\$ \$		
Medical:	\$ \$		
Disbursement:	\$ \$	(e.g. Tow/ Independent)	
Legal Cost	\$ \$		
Total:	\$ \$	Global Sum \$ \$:	
FINAL PAYMENT		Date/Time: _____	Confirm with: _____
Payee 1:	\$ \$	Name 1:	
Payee 2: (Strike if N.A.)	\$ \$	Name 2:	
Payee 3: (Strike if N.A.)	\$ \$	Name 3:	

- 1) Claim status: Normal/Reject/Private Settle
 2) Report Format:
 3) Survey fee: