

ASSIGNMENTSurveyor: KennethDOI: 06/01/2020Date / Time : 15/12/2020Registered in Merimen: —**Pre-assign / CCU / FTE**Insured Vehicle No. : SHB 3112K

Claim No. : _____

Name of Insured : CITYCAB PTE LTD

Policy No. : _____

Insured Tel No. : _____ HP: _____

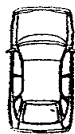
Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 01/12/2020

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 / NODriver Tel No. : _____ (V/L: ☒ YES / NO)Insured Liability : _____ % **Final ? Yes / No****GBE 6606M**INSRS:
WSP: YEE AUTO
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	GBE 6606M : NS/INC20013307/Ntf3e2 ; DOA : 01/12/2020	STAGE DATE / PIC
	SHB 3112K :	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: _____	Confirm by: KSC
Repair Cost: L/S S\$ 3,300.00 (4 days) Reduction: 74 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: _____ Confirm with: _____	Email ☐ Call ☐
Final Liability: % (Agreed / Assessed) BOLA S/N No. : NIL		If NO or B 28, Ass. Lia :
Repair Cost: S\$		
Loss of Rental (LOR): S\$ (_____ days)		SURVEY FEE: \$200
Loss of Use (LOU): S\$ (\$ _____ x _____ days)		TRANSPORT: \$100
Loss of Income (LOI): S\$ (\$ _____ x _____ days)		PHOTO : \$20
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LO ☐ [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/WP
Legal Cost S\$		3) Survey fee: \$320
Total: S\$	Global Sum S\$:	
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email ☐ Call ☐
Payee 1: S\$	Name 1: _____	
Payee 2: (Strike if N.A.) S\$	Name 2: _____	
Payee 3: (Strike if N.A.) S\$	Name 3: _____	