

ASSIGNMENTSurveyor: **MARCUS**DOI: **18/12/2020**Date / Time : **18/12/2020**Registered in Merimen: **—****Pre-assign / CCU / FTE**Insured Vehicle No. : **SHB 2183L**

Claim No. : _____

Name of Insured : **CITYCAB PTE LTD**

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **18/12/2020**

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****SLX 3953L**INSRS:
WSP: **FASTECH**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SLX 3953L : CC3/MSG19007135/Usd3n2 ; DOA : 19/04/2019	STAGE
	SHB 2183L : NS/INC11017605/H1vk3 ; DOA : 26/08/2011	DATE / PIC
		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: CKS
Repair Cost: L/S	S\$ 16,500.00 (13 days) Reduction: 70 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 23.04.21 Confirm with SHIYING	Email ☐ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 100%
Repair Cost: w/GST	S\$ 17,655.00 3VEH CC OID LAST	
Loss of Rental (LOR):	S\$ 1,950.00 (13 days) X \$150	
Loss of Use (LOU):	S\$ - (\$ x days)	
Loss of Income (LOI):	S\$ - (\$ x days)	
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
Legal Cost	S\$ -	3) Survey fee: \$600
Total:	S\$ 19,605.00 Global Sum S\$: 19,600.00	
FINAL PAYMENT	Date/Time: 23.04.21 Confirm with: SHIYING	Email ☐ Call ☐
Payee 1:	S\$ 19,600.00 Name 1: FASTECH AUTO PTE LTD	
Payee 2: (Strike if N.A.)	S\$ Name 2:	
Payee 3: (Strike if N.A.)	S\$ Name 3:	