

ASSIGNMENT

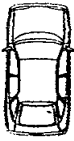
Surveyor:

RASUL

DOI: 23/12/2020

Date / Time : 23/12/2020

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : SHC 7157A

Claim No. : D20005250MFSH

Name of Insured : CITYCAB PTE LTD

Policy No. : D-20094921MFSH

Insured Tel No. : _____ HP: _____

Make / Model : HYUNDAI I40

Excess Sec II : \$ _____ D.O.A : 20/12/2020 15:20

Place of Accident : BLK 112 LENGKOK TIGA

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

Lengkong Tiga, Singapore

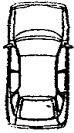
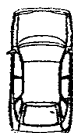
If NO, Driver Name / Age : QUAH SAY THONG

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

Driver Tel No. : _____ (V/L: YES / NO)

Insured Liability : % Final ? Yes / No

FBQ 9031M

INSRS:
WSP:
Tel :
Liability :
RMKS:EXCEL
CYCLE
CENTREINSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	FBQ 9031M - X		
	SHC 7157A - CC4/FCI20008046/T1da3q2 : 30/07/2020	Non-Reporting ltr (1st):	
	CC4/FCI20008293/R1es3q2 : 30/07/2020	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:	☐ ☐
		Post-Repair Photos:	☐ ☐
		Others:	☐ ☐
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____		
FINALIZATION	Date/Time: _____ Confirm with: _____ Confirm by: _____		
Repair Cost: L/SUM	S\$ 2,050.00 (3 days) Reduction: 35 %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 22/4/2021 Confirm with Lawrence	Email ☒ Call ☐	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :	
Repair Cost: w/GST	S\$ 2,193.50		
Loss of Rental (LOR):	S\$ (days)		
Loss of Use (LOU):	S\$ 60.00 (\$ 20 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\$		
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: 350.00	
Total:	S\$ 2,253.50	Global Sum S\$:	
FINAL PAYMENT	Date/Time: _____ Confirm with: _____ Email ☐ Call ☐		
Payee 1:	S\$ 2,253.50	Name 1: EXCEL CYCLE CENTRE PTE LTD	
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	