

ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : **29/12/2020**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **SHA 968H**Claim No. : **D21000020MFSH**Name of Insured : **CITYCAB PTE LTD**Policy No. : **D-20094921MFSH**

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **22/12/2020 11:37**Place of Accident : **BRADDELL ROAD TOWARDS CTE**

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

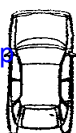
If **NO**, Driver Name / Age : _____

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

Driver Tel No. : _____

(V/L: YES / NO)

Insured Liability : _____ %

Final ? Yes / No**SMW 2414B**INSRS:
WSP: **Xin Hua Workshop**
Tel : **Pte Ltd**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time																																																																							
	SMW 2414B - CS/FCI20014671/d3 ; 22.12.2020	<table border="1"> <thead> <tr> <th>STAGE</th> <th colspan="2">DATE / PIC</th> </tr> </thead> <tbody> <tr><td>Non-Reporting ltr (1st):</td><td></td><td></td></tr> <tr><td>Non-Reporting ltr (2nd):</td><td></td><td></td></tr> <tr><td>Non-Reporting ltr (Final):</td><td></td><td></td></tr> <tr><td>Notification ltr (if non-pickup):</td><td></td><td></td></tr> <tr><td>Call OI:</td><td></td><td></td></tr> <tr><td>After call ltr to OI:</td><td></td><td></td></tr> <tr> <td>Documentation Check List:</td> <td>Handler</td> <td>Typist</td> </tr> <tr><td>Notification ltr (if non-pickup)</td><td>☐</td><td>☐</td></tr> <tr><td>After call ltr to OI:</td><td>☐</td><td>☐</td></tr> <tr><td>Authorisation To Act:</td><td>☐</td><td>☐</td></tr> <tr><td>Release Voucher:</td><td>☐</td><td>☐</td></tr> <tr><td>Final Repair Bill:</td><td>☐</td><td>☐</td></tr> <tr><td>Car Rental Invoice:</td><td>☐</td><td>☐</td></tr> <tr><td>Towing Invoice</td><td>☐</td><td>☐</td></tr> <tr><td>LTA / GIA :</td><td>☐</td><td>☐</td></tr> <tr><td>Medical Bill:</td><td>☐</td><td>☐</td></tr> <tr><td>PIR:</td><td>☐</td><td>☐</td></tr> <tr><td>Mandate/Reject Instruction:</td><td>☐</td><td>☐</td></tr> <tr><td>LOD</td><td>☐</td><td>☐</td></tr> <tr><td>Payment Breakdown Form:</td><td></td><td>☐</td></tr> <tr><td>Post-Repair Photos:</td><td>☐</td><td>☐</td></tr> <tr><td>Others:</td><td>☐</td><td>☐</td></tr> </tbody> </table>	STAGE	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:		☐	Post-Repair Photos:	☐	☐	Others:	☐	☐
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Others:	☐	☐																																																																					
PRELIMINARY ADVICE	Date/Time: _____	Sent By: _____																																																																					
FINALIZATION	Date/Time: _____	Confirm with: _____ Confirm by: _____																																																																					
Repair Cost: S\$ _____	(_____ days) Reduction: _____ %	Email ☐ Call ☐																																																																					
FINAL SETTLEMENT	Date/Time: _____	Confirm with _____ Email ☐ Call ☐																																																																					
Final Liability: % _____	(Agreed / Assessed) BOLA S/N No. : _____	If NO or B 28, Ass. Lia : _____																																																																					
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Loss of Rental (LOR): S\$ _____	(_____ days)																																																																						
Loss of Use (LOU): S\$ _____	(\$ _____ x _____ days)																																																																						
Loss of Income (LOI): S\$ _____	(\$ _____ x _____ days)																																																																						
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GIA/LTA Search	S\$ _____																																																																						
Medical:	S\$ _____	1) Claim status: Normal/Reject/Private Settle																																																																					
Disbursement:	S\$ _____ (e.g. Tow/ Independent)	2) Report Format:																																																																					
Legal Cost	S\$ _____	3) Survey fee:																																																																					
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: _____																																																																					