

ASSIGNMENT

Surveyor: _____

DOI: _____

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

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **SHB 2213J**Claim No. : **D21000027MFSH**Name of Insured : **CITYCAB PTE LTD**Policy No. : **D-20094921MFSH**

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **27/12/2020 10:00**Place of Accident : **101 SERANGOON NORTH AVE 1**

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****SKZ 4483X**INSRS:
WSP: **BODYFIX**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SKZ 4483X - X		
	SHB 2213J - CC3/AIG17022710/K1pa3q2 ; 28/11/2017	Non-Reporting ltr (1st):	
	CC3/AXA12008586/H1ec3f1 ; 27/04/2012	Non-Reporting ltr (2nd):	
	CC3/AXA12008586/H1ec3f1-1 ; 27/04/2012	Non-Reporting ltr (Final):	
	CS/FCI18008819/R1qd3n2 ; 09/05/2018	Notification ltr (if non-pickup):	
	CS/TMI14011275/H1gbd1 ; 14/06/2014	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\$ 2,900.00 (4 days) Reduction: 51 %		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 :	
Repair Cost: S\$			
Loss of Rental (LOR): S\$ (days)			
Loss of Use (LOU): S\$ (\$ x 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\$			
Disbursement: S\$ (e.g. Tow/ Independent)			
Legal Cost S\$			
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: _____		

SURVEY FEE: \$140**TRANSPORT: \$50****PHOTO : \$15**1) Claim status: Normal/~~Reject/Private Settle~~2) Report Format: **TP / WP**3) Survey fee: **\$205**