

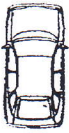
ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : **30/12/2020**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **SHC 621Y**Claim No. : **D21000055MFSH**Name of Insured : **CITYCAB PTE LTD**Policy No. : **D-20094921MFSH**

Insured Tel No. : _____ HP: _____

Make / Model : **HYUNDAI IONIQ**Excess Sec II : \$\$ D.O.A : **03/12/2020 23:15**Place of Accident : **JUNCTION TAMPINES AVE 2 & TAMPINES ST 23**

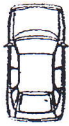
Is driver the owner? (YES / NO) Nature of Accident : _____

If NO, Driver Name / Age : **LIM KIM LENG**

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

Driver Tel No. : _____

(V/L: YES / NO)

Insured Liability : % **Final ? Yes / No****GBH 8542J**INSRS:
WSP: **ETHOZ , BB**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SHC 621Y - CS3/FCI14003698/Ygbd1 ; 23.01.2014 GBH 8542J - X	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:	☐ ☐
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____		
FINALIZATION	Date/Time: _____ Confirm with: _____	Confirm by: MRB	
Repair Cost: L/S S\$ 27,900	(21 days) Reduction: 36 %	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]		SURVEY FEE: \$665 TRANSPORT: \$100 PHOTO : \$140	
GIA/LTA Search S\$			
Medical: S\$		1) Claim status: Normal/Reject/Private Settlement	
Disbursement: S\$	(e.g. Tow/ Independent)	2) Report Format: TP/WP	
Legal Cost S\$		3) Survey fee: \$905.00	
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: _____		

580252
ABM