

ASSIGNMENT

Surveyor:

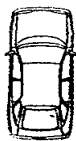
TAUFIKH

DOI: 29/12/2020

Date / Time : 28/12/2020

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 :

If NO, Driver Name / Age : QUAH SAY THONG

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

Driver Tel No. :

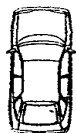
(V/L: YES / NO)

Insured Liability :

%

Final ? Yes / No

FA 4045T



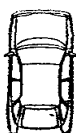
INSRS:

WSP: KARZ WORKS

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time				
	SHC 7157A -	CC4/FCI20008046/T1da3q2 ; 30/07/2020	STAGE	DATE / PIC
		CC4/FCI20008293/R1es3q2 ; 30/07/2020	Non-Reporting ltr (1st):	
		CC4/FCI20014408/R1ra3 ; 20/12/2020	Non-Reporting ltr (2nd):	
		CC4/FCI20014611/T1ra3 ; 20/12/2020	Non-Reporting ltr (Final):	
	FA 4045T -	NA/INC10001334/r ; 18/01/2010	Notification ltr (if non-pickup):	
		NA/INC11016071/j1 ; 09/08/2011	Call OI:	
		NA/INC12012830/s2 ; 01/07/2012	After call ltr to OI:	
			Documentation Check List:	Handler
			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: MTH	
Repair Cost:	L/S S\$ 1,000.00	(3 days) Reduction:	69 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 24.05.21	Confirm with: SHU SHAN	Email ☐	Call ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. :	NIL	
Repair Cost:	S\$ 1,000	OID HIT TP PARKED VEHICLE		
Loss of Rental (LOR):	S\$ -	(days)		
Loss of Use (LOU):	S\$ 150.00	(\$ 30 x 5 days)		
Loss of Income (LOI):	S\$ -	(\$ x days)		
LOR only ☐	LOU only ☒	LOR + LOU ☐	LOR + LOI ☐ [Tick only one]	
GIA/LTA Search	S\$ 7.49			
Medical:	S\$ -	1) Claim status: Normal/Reject Private Sec'd		
Disbursement:	S\$ -	(e.g. Tow/ Independent)		
Legal Cost	S\$ -	2) Report Format: TP		
		3) Survey fee: \$350		
Total:	S\$ 1,157.49	Global Sum S\$:		
FINAL PAYMENT	Date/Time: 24.05.21	Confirm with: SHU SHAN	Email ☐	Call ☐
Payee 1:	S\$ 1,157.49	Name 1:	KARZ WORKS PTE LTD	
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		