

ASSIGNMENT

Surveyor:

Adrian

DOI:

12/01/2021

Date / Time :

12/01/2021

Registered in Merimen:

-**Pre-assign / CCU / FTE**Insured Vehicle No. : **SHC 1399H**Name of Insured : **CITYCAB PTE LTD**

Insured Tel No. : _____ HP: _____

Excess Sec II :S\$ _____ D.O.A : **12/01/2021**

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

Claim No. : _____

Policy No. : _____

Make / Model : _____

Place 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****SLA 6710Y**INSRS:
WSP: **RYDER**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SLA 6710Y : X		
	SHC 1399H : CS/FCI19014549/Kqf3n2 ; DOA : 16/08/2019	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
14/01/2021	OINR *** SENT OUT FIRST NON-REPORTING LETTER	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 :	☒ ☐
14/05/2021	SETTLED AND CLOSED / NO PHY FILE	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: _____	
Repair Cost: L/S	S\$ 6,100.00 (6 days) Reduction: 58.70 %	Email ☐	Call ☐
FINAL SETTLEMENT Date/Time: 11/05/2021 Confirm with JUNE		Email ☒	Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :	
Repair Cost: (W/GST)	S\$ 6,527.00		
Loss of Rental (LOR):	S\$ 720.00 (6 days) x \$120.00		
Loss of Use (LOU):	S\$ (\$ x days)		
Loss of Income (LOI):	S\$ (\$ x days)		
LOR only ☒ LOU only ☐ LOR + LOU ☐ LOR + LO ☐ [Tick only one]			
GIA/LTA Search	S\$ 36.45		
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\$ 7,283.45 Global Sum S\$: 6,300.00		
FINAL PAYMENT Date/Time: _____ Confirm with: _____		Email ☐ Call ☐	
Payee 1:	S\$ 6,300.00 Name 1: RYDER AUTO PTE LTD		
Payee 2: (Strike if N.A.)	S\$ Name 2:		
Payee 3: (Strike if N.A.)	S\$ Name 3:		