

ASSIGNMENT

Surveyor:

MARCUSDOI: **08/02/2021**Date / Time : **08/02/2021**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **SHB 4651P**Claim No. : **S1M032C1**Name of Insured : **CITYCAB PTE LTD**Policy No. : **P2420442**

Insured Tel No. : _____ HP: _____

Make / Model : **HYUNDAI I40****Excess Sec II :S\$** _____ D.O.A : **07/02/2021 22:45**Place of Accident : **JUNCTION OF YIO CHU KANG & BUANGKOK GREEN**

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

If **NO**, Driver Name / Age : **PHUA HIANG NGUEN**

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

Driver Tel No. : _____ (V/L: YES / NO)

Insured Liability : % **Final ? Yes / No****SJG 135P**INSRS:
WSP: **Nineteen**
Tel : **Autowerks**
Liability : **Pte Ltd**
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SJG 135P - X	Non-Reporting ltr (1st):	
	SHB 4651P - CC3/AIG18000541/Dja3q2 ; 05/01/2018	Non-Reporting ltr (2nd):	
	CS/FCI16015733/h3 ; 20/08/2016	Non-Reporting ltr (Final):	
	CS3/FCI15017337/K1vbd1 ; 12/10/2015	Notification ltr (if non-pickup):	
	NS/INC16007385/H1th3n2 ; 20/04/2016	Call OI:	
		After call ltr to OI:	
13/05/2021	Pls refer to Views for details.	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: _____			
Repair Cost: L/sum S\$ 10,500.00 (7 days) Reduction: 53 %		Email ☐ Call ☐	
FINAL SETTLEMENT Date/Time: 13/05/2021 Confirm with Jeremy		Email ☒ Call ☐	
Final Liability: % 90 (Agreed / Assessed) BOLA S/N No. : NIL		If NO or B 28, Ass. Lia :	
Repair Cost: 10,500.00 S\$ 9,450.00			
Loss of Rental (LOR): 1,320.00 S\$ 1,188.00 (11 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 + LOI ☐ [Tick only one]			
GIA/LTA Search S\$ 7.45			
Medical: S\$		1) Claim status: Normal/Reject/Print/ Settle	
Disbursement: S\$ (e.g. Tow/ Independent)		2) Report Format: TP	
Legal Cost S\$		3) Survey fee: \$350.00	
Total: S\$ 10,645.45 Global Sum S\$: 10,600.00			
FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email ☒ Call ☐			
Payee 1: S\$ 10,600.00 Name 1: Nineteen Autowerks Pte Ltd			
Payee 2: (Strike if N.A.) S\$ Name 2:			
Payee 3: (Strike if N.A.) S\$ Name 3:			