

ASSIGNMENTSurveyor: AdrianDOI: 10/03/2021Date / Time : 10/03/2021Registered in Merimen: —**Pre-assign / CCU / FTE**Insured Vehicle No. : SHA 8187S

Claim No. : _____

Name of Insured : CITYCAB PTE LTD

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 09/03/2021

Place of Accident : _____

Is driver the owner? (YES / **NO**) Nature of Accident : _____If **NO**, Driver Name / Age : _____OI GIA REPORT: **YES** / NO ; TP GIA REPORT: **YES** / NODriver Tel No. : _____ (V/L: **YES** / NO)Insured Liability : _____ % **Final ? Yes / No****SJY 6177J** → _____ → _____ → _____ → _____INSRS:
WSP: **MG SOLUTION**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SJY 6177J : X	STAGE
	SHA 8187S : CS/FCI15021070/Rtbd1 ; DOA : 08/12/2015	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: ☐ ☐
PRELIMINARY ADVICE	Date/Time:	Sent By:
		Post-Repair Photos: ☐ ☐
		Others: ☐ ☐
FINALIZATION	Date/Time:	Confirm with:
Repair Cost: S\$	(_____ days)	Reduction: _____ %
		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with
Final Liability: %	(Agreed / Assessed)	BOLA S/N No. : _____
Repair Cost: S\$		If NO or B 28, Ass. Lia : _____
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 + LO ☐ [Tick only one]		
GIA/LTA Search S\$		
Medical: S\$		1) Claim status: Normal/Reject/Private Settle
Disbursement: S\$	(e.g. Tow/ Independent)	2) Report Format: _____
Legal Cost S\$		3) Survey fee: _____
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: _____	