ASSIGNMENT

Surveyor: _____   DOI: _____   Date / Time : **17/03/2021** _____

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : **SHA 8751M**	Claim No. : _____
Name of Insured : **CITYCAB PTE LTD**	Policy No. : **VFX/P2419140**
Insured Tel No. : HP:	Make / Model : **TOYOTA PRIUS**
Excess Sec II :S$ D.O.A : **12/03/2021 21:30**	Place of Accident : **UPP SERANGOON RD TWDS CITY**

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

If **NO**, Driver Name / Age : **CHUA HIOK SUAH**   OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : _____   (V/L: YES / NO)   Insured Liability :   %   **Final ? Yes / No**

FBQ 9181M   →   _____   →   _____   →

INSRS:	INSRS:	INSRS:	INSRS:
WSP: **TEAMWORK**	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	FBQ 9181M - X	STAGE	DATE / PIC
	SHA 8751M - CC3/AIG10001900/Ca2e2r1 ; 28/01/2010	Non-Reporting ltr (1st):	
	CC3/AIG10007356/H1jr1k2 ; 14/04/2010	Non-Reporting ltr (2nd):	
	CC3/TMI19022146/Ftf3s2 ; 15/12/2019	Non-Reporting ltr (Final):	
	CS/FCI19020290/Uqd3n2 ; 18/09/2019	Notification ltr (if non-pickup):	
	CS/FCI19020315/Uvd3n2 ; 08/11/2019	Call OI:	
	NA/LIP19019877/z4 ; 08/11/2019	After call ltr to OI:	

		Documentation Check List:	Handler	Typist
07/12/2021	**TO CANCEL. NO SURVEY DONE**	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:	Confirm by:	
Repair Cost:	S$ (days) Reduction: %		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]			
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:	