

ASSIGNMENT

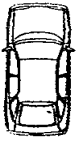
Surveyor:

ADRIAN

DOI: 28/05/2021

Date / Time : 28/05/2021

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : SHB 4724M

Claim No. : S1M03ANX

Name of Insured : CITYCAB PTE LTD

Policy No. : P2419140

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$

D.O.A : 25.05.2021 15:00

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 / NO

Driver Tel No. :

(V/L: YES / NO)

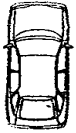
Insured Liability : %

Final ? Yes / No

SLP 8814P

SHB 4724M

SMT 829S



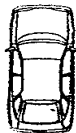
INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

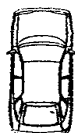
WSP:

Tel :

Liability :

RMKS:

OI



INSRS:

WSP:

Tel :

Liability :

RMKS:

N-51
Automotive
TP

INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SMT 829S - NA/CTI21006143/r3 ; 25.05.2021
 SHB 4724M - CC4/AIG19021001/Fea3q2 ; 25/11/2019
 CS/FC116012941/R1vbm2 ; 10/07/2016
 CS/QW11002475/Rqg1 ; 30/01/2011
 NA/CTI21006143/r3 ; 25/05/2021

STAGE 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:

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: 43

%

Email

Call

FINAL SETTLEMENT

Date/Time: 15/04/2022

Confirm with

Hui Xin

Email

Call

Final Liability:

%

100

(Agreed / Assessed) BOLA S/N No. : 28

If NO or B 28, Ass. Lia : 0

Repair Cost:

w/GST

S\$ 11,235.00

Loss of Rental (LOR):

S\$ 900.00

(9 days)

x\$100.00

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\$

Disbursement:

S\$

(e.g. Tow/ Independent)

Legal Cost

S\$

1) Claim status: Normal/Reject/Printed/Settle

2) Report Format:

TP

3) Survey fee:

\$350.00

Total:

S\$

12,142.45

Global Sum S\$: 12,000.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$

12,000.00

Name 1:

TWINCAR AUTOMOTIVE PTE LTD

Payee 2: (Strike if N.A.)

S\$

Name 2:

Payee 3: (Strike if N.A.)

S\$

Name 3: