ASSIGNMENT

Surveyor: __Adrian__   DOI: __09/06/2021__   Date / Time : __09/06/2021__

Registered in Merimen: ____

Pre-assign / CCU / FTE

Insured Vehicle No.   :   __SHB 3110R__   Claim No.   :   _____

Name of Insured   :   __CITYCAB PTE LTD__   Policy No.   :   _____

Insured Tel No.   :   _____   HP: _____   Make / Model :   _____

Excess Sec II :S$ _____   D.O.A : __04/06/2021__   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)/ NO

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

__SMD 8340R__ ⟶   ⟶   ⟶

	INSRS:		INSRS:		INSRS:		INSRS:
	WSP: HUA MENG		WSP:		WSP:		WSP:
	Tel :		Tel :		Tel :		Tel :
	Liability :		Liability :		Liability :		Liability :
	RMKS:		RMKS:		RMKS:		RMKS:

Date/ Time			STAGE	DATE / PIC
	SMD 8340R : X		Non-Reporting ltr (1st):	
	SHB 3110R : CS/UOI20000954/Dtd3n2 ; DOA : 13/01/2020		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 :	☐	☐
09/09/2021	AXA INSTRUCT TO SUBMIT WP AS RECEIVE LOD FROM TP . SUBMIT WP. ADMIN TO CLOSE		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$ $10,800.00   (11   days) Reduction: $13,797.02 % 56   Email ☐ Call ☐

FINAL SETTLEMENT   Date/Time: Confirm with   Email ☐ Cal ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost:	S$	
Loss of Rental (LOR):	S$ (days)	OI CHARGED FOR CARELESS DRIVING
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: WP
Legal Cost	S$	3) Survey fee: $250.00
Total:	**S$** **Global Sum S$:**	

FINAL PAYMENT   Date/Time: Confirm with: Email ☐ Cal ☐

Payee 1:	S$	Name 1:	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	