

ASSIGNMENT

Surveyor: _____

DOI: 13/12/2021

Date / Time : 10/12/2021

Registered in Merimen: 10/12/2021

Pre-assign / CCU / FTE

Insured Vehicle No. : SMV 2645G

Claim No. : MFL2021D0005425

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$

D.O.A : 10/12/2021 12:00

Place of Accident : AYE (CTE) - LANE 1

Is driver the owner? (YES / NO)

Nature of Accident : _____

If NO, Driver Name / Age :

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

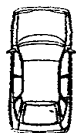
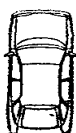
Driver Tel No. : _____

(V/L: YES / NO)

Insured Liability : %

Final ? Yes / No

SHC 430G

INSRS:
WSP: Ding Automotive
Tel : Pte Ltd
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SHC 430G - CS/FCI16009034/Kvbc2 ; 13/05/2016	Non-Reporting ltr (1st):	
	CS/INC09001695/Cc; 19/01/2009	Non-Reporting ltr (2nd):	
	CS3/FCI15007196/Fqy3q2; 26/04/2015	Non-Reporting ltr (Final):	
	NA/INC11002141/r; 05/02/2011	Notification ltr (if non-pickup):	
	SMV 2645G - X	Call OI:	
		After call ltr to OI:	
		Documentation Check List:	Handler Typist
	CLAIMANT - CITYCAB PTE LTD	Notification ltr (if non-pickup)	☐
		After call ltr to OI:	☐
	TPV: HYUNDAI IONIQ - 1580cc	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: P/P	S\$ \$2,160.88 (4 days) Reduction: \$6,832.24 % 76	Email ☒	Call ☐
FINAL SETTLEMENT	Date/Time: 07/04/2022 Confirm with RENA	Email ☒	Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ 2,312.14 W/GST		
Loss of Rental (LOR):	S\$ 600.00 (5 days) x \$120		
Loss of Use (LOU):	S\$ (\$ x days)		
Loss of Income (LOI):	S\$ 200.00 (\$ 40 x 5 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/Private Settle	
Disbursement:	S\$ (e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost	S\$	3) Survey fee: \$350.00	
Total:	S\$ 3,119.59 Global Sum S\$: 3,110.00		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____ Email ☒ Call ☐		
Payee 1:	S\$ 3,110.00 Name 1: DING AUTOMOTIVE PTE LTD		
Payee 2: (Strike if N.A.)	S\$ Name 2:		
Payee 3: (Strike if N.A.)	S\$ Name 3:		