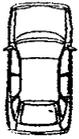


ASSIGNMENT

Surveyor: **MARCUS** DOI: **06/06/2022** Date / Time : **30/05/2022**
Registered in Merimen: _____

Pre-assign / CCU / FTE

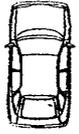
Insured Vehicle No. : **SHD 8869S** Claim No. : **S2M042IB**
Name of Insured : **CITYCAB PTE LTD** Policy No. : **P2465703**
Insured Tel No. : _____ HP: _____ Make / Model : **Toyota Vellfire**
Excess Sec II :S\$ _____ D.O.A : **27/05/2022 17:35** Place of Accident : **PIE, Singapore**
Is driver the owner? (YES / NO) Nature of Accident : _____

If NO, Driver Name / Age : **TAN KIAN KOK**

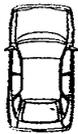
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : _____

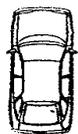
(V/L: YES / NO)

Insured Liability : _____ % **Final ? Yes / No****SMG 7099D**

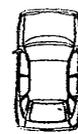
INSRS:
WSP: **Car City Auto**
Tel : **Centre Pte Ltd**
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SMG 7099D - NA/CTI20001524/r3 ; 25.01.2020	Non-Reporting ltr (1st):	
	SHD 8869S - CS3/ASM21011730/Gvy3e2 ; 02/11/2021	Non-Reporting ltr (2nd):	
	NBA/GAI17009626/Y ; 16/05/2017	Non-Reporting ltr (Final):	
	NS/INC20013865/T1vd3e2 ; 11/12/2020	Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	
		Documentation Check List:	Handler Typist
		Notification ltr (if non-pickup)	<input type="checkbox"/> <input type="checkbox"/>
		After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
		Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
		Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
		Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
		Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
		LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
		PIR:	<input type="checkbox"/> <input type="checkbox"/>
		Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
		LOD	<input type="checkbox"/> <input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
PRELIMINARY ADVICE Date/Time:	Sent By:	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
		Others:	<input type="checkbox"/> <input type="checkbox"/>
FINALIZATION Date/Time:	Confirm with:	Confirm by:	CKS
Repair Cost: L/S S\$ 1,800.00 (3 days) Reduction: 73 %		Email <input type="checkbox"/> Call <input type="checkbox"/>	
FINAL SETTLEMENT Date/Time: 23.06.22 Confirm with ANSON		Email <input type="checkbox"/> Call <input type="checkbox"/>	
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. :		If NO or B 28, Ass. Lia :	
Repair Cost: w/GST S\$ 1,926.00			
Loss of Rental (LOR) w/GST S\$ 321.00 (3 days) x \$100			
Loss of Use (LOU): S\$ - (\$ x days)			
Loss of Income (LOI): S\$ - (\$ x days)			
LOR only <input checked="" type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]			
GIA/LTA Search S\$ 7.45			
Medical: S\$ -		1) Claim status: Normal/ Reject/Dispute/Settle	
Disbursement: S\$ - (e.g. Tow/ Independent)		2) Report Format: TP	
Legal Cost S\$ -		3) Survey fee: \$350	
Total: S\$ 2,254.45 Global Sum S\$: 2,250.00			
FINAL PAYMENT Date/Time: 23.06.22 Confirm with: ANSON		Email <input type="checkbox"/> Call <input type="checkbox"/>	
Payee 1: S\$ 2,250.00 Name 1: CAR CITY AUTO CENTRE PTE LTD			
Payee 2: (Strike if N.A.) S\$ Name 2:			
Payee 3: (Strike if N.A.) S\$ Name 3:			