

ASSIGNMENTSurveyor: **MARCUS**

DOI: _____

Date / Time : **26/07/20221**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **SHA 9380T**Claim No. : **S2M047DP**Name of Insured : **CITYCAB PTE LTD**Policy No. : **P2465703**

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **24/07/2022**

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**SLU 6884Z**INSRS:
WSP: **FASTECH**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
SLU 6884Z - X			
SHA 9380T - Reference	Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Non-Reporting ltr (1st):		
CC3/FC115001332/Kgbd1 26/01/2015 SHC 5215D SHA 9380T 03/11/2014 26/01/2015 CKL			
CC4/FC120008698/Ara3q2 13/07/2021 SMM 4921T SHA 9380T 14/08/2020 14/07/2021 HMK			
CS/FC18006220/Dbs2 23/04/2018 SHA 9380T 04/03/2018 25/04/2018 CKL			
CS/TM121009702/Nvf3n2 04/10/2021 SHA 9380T SLP 4811Z 15/09/2021 04/10/2021 CSTT			
NA/INC2008502/z4 15/08/2020 SAMBNANI MARICAR CLEMENTE SMM 4921T SHA 9380T 14/08/2020 19/08/2020 HZT			
NS/INC19014504/Ktf3n2 27/08/2019 SHA 9380T SKD 9939G 17/08/2019 27/08/2019 ATS			
	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:		☐
PRELIMINARY ADVICE	Date/Time:	Sent By:	Post-Repair Photos: ☐
			Others: ☐
FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: L/SUM	S\$ 6,600.00	(5 days) Reduction: 72 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 09/05/2023	Confirm with Jason	Email ☒ Call ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: 7%GST	S\$ 7,062.00		
Loss of Rental (LOR):	S\$ 400.00	(4 days) X \$100	
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: TP
Legal Cost	S\$		3) Survey fee: \$350.00
Total:	S\$ 7,462.00	Global Sum S\$:	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☒ Call ☐
Payee 1:	S\$ 7,462.00	Name 1: FASTECH AUTO PTE LTD	
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	