

ASSIGNMENT

Surveyor:

ADRIAN

DOI:

Date / Time : 05/10/2022

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 7397Z

Claim No. : S2M04BS8

Name of Insured : CITYCAB PTE LTD

Policy No. : P2465703

Insured Tel No. : HP:

Make / Model : Hyundai Ae ioniq

Excess Sec II :\$ D.O.A : 24/09/2022 02:45

Place of Accident : GEYLANG ROAD

Is driver the owner? (YES / NO) Nature of Accident :

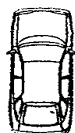
If NO, Driver Name / Age : LIM PENG SOON

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

Driver Tel No. : (V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SLX 5301E

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

Date/ Time			STAGE	DATE / PIC
SLX 5301E - X			STAGE	DATE / PIC
SHC 7397Z - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date			Non-Reporting ltr (2nd):	11/2017 MYT
CS/FCI17021429/Gqbn2 30/11/2017 SKA 8252B SHC 7397Z 06/11/2017 30/11/2017 MYT			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:	☐
PRELIMINARY ADVICE Date/Time:	Sent By:		Post-Repair Photos:	☐
			Others:	☐
FINALIZATION Date/Time:	Confirm with:		Confirm by:	
Repair Cost: S\$	(days)	Reduction: %	Email ☐	Call ☐
FINAL SETTLEMENT Date/Time:	Confirm with		Email ☐	Call ☐
Final Liability: %	(Agreed / Assessed) BOLA S/N No. :		If NO or B 28, Ass. Lia :	
Repair Cost: S\$				
Loss of Rental (LOR): S\$	(days)			
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:	
Legal Cost S\$			3) Survey fee:	
Total: S\$	Global Sum S\$:			
FINAL PAYMENT Date/Time:	Confirm with:		Email ☐	Call ☐
Payee 1: S\$	Name 1:			
Payee 2: (Strike if N.A.) S\$	Name 2:			
Payee 3: (Strike if N.A.) S\$	Name 3:			