

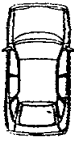
ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : **30.01.2023**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **SHA 799D**Claim No. : **S3M04IHE**Name of Insured : **CITYCAB PTE LTD**Policy No. : **P2478220**

Insured Tel No. : _____ HP: _____

Make / Model : **Hyundai Ioniq****Excess Sec II :S\$** _____ D.O.A : **21/01/2023 09:40**Place of Accident : **Yew Tee Village, Singapore**

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

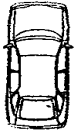
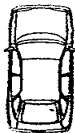
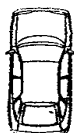
If **NO**, Driver Name / Age : _____

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

Driver Tel No. : _____

(V/L: YES / NO)

Insured Liability : _____ %

Final ? Yes / No**SLL 3598S**INSRS:
WSP: **Elite Automotive**
Tel : **P/L**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
SLL 3598S - X			
SHA 799D - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date		Non-Reporting	
CS/FCI16020304/R1vbm2 06/12/2016 SKP 849D SHA 799D 21/10/2016 12/12/2016 CKL		Non-Reporting ltr (1st):	
		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)	<input type="checkbox"/>
		After call ltr to OI:	<input type="checkbox"/>
		Authorisation To Act:	<input type="checkbox"/>
		Release Voucher:	<input type="checkbox"/>
		Final Repair Bill:	<input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/>
		Towing Invoice	<input type="checkbox"/>
		LTA / GIA :	<input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/>
		PIR:	<input type="checkbox"/>
		Mandate/Reject Instruction:	<input type="checkbox"/>
		LOD	<input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/>
PRELIMINARY ADVICE Date/Time: _____ Sent By: _____		Post-Repair Photos:	<input type="checkbox"/>
		Others:	<input type="checkbox"/>
FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____			
Repair Cost:	S\$ (_____ days) Reduction: _____ %	Email <input type="checkbox"/>	Call <input type="checkbox"/>
FINAL SETTLEMENT Date/Time: _____ Confirm with: _____		Email <input type="checkbox"/>	Call <input type="checkbox"/>
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 <input type="checkbox"/>	LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/>	LOR + LOI <input type="checkbox"/> [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 <input type="checkbox"/>	Call <input type="checkbox"/>
Payee 1:	S\$	Name 1:	
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	