

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 15.02.2023
Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 469X Claim No. : S3M04JA1
Name of Insured : CITYCAB PTE LTD Policy No. : P2478220
Insured Tel No. : _____ HP: _____ Make / Model : Toyota Prius
Excess Sec II :S\$ _____ D.O.A : 10/02/2023 19:35 Place of Accident : Havelock Rd, Singapore
Is driver the owner? (YES / NO) Nature of Accident : _____

If NO, Driver Name / Age : FOO KONG NAM OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
Driver Tel No. : _____ (V/L: YES / NO) Insured Liability : _____ % **Final ? Yes / No**

SKL 9792U →



INSRS:
WSP: Best Solution
Tel : Autocare Pte Ltd
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
SKL 9792U - X		
SHC 469X - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date	Created By (1st):	
CC3/AIG15016606/H1hb3q2 30/11/2015 SHC 469X SJF 100U 01/10/2015 01/12/2015 L	SP	
CS/FCI16012192/Kvbd1 17/08/2016 SLA 6339L SHC 469X 25/06/2016 18/08/2016 CKL	Non-Reporting ltr (2nd):	
CS/FCI17020446/Krbn2 06/11/2017 SHC 5084P SHC 469X 24/10/2017 08/11/2017 NVI	Non-Reporting ltr (Final):	
CS/QW10008761/Rcg1 07/09/2010 SHC 469X 03/05/2010 11/09/2010 FWL	Notification ltr (if non-pickup):	
NA/MSG15016802/r3 06/10/2015 CHUNG KHOON LEONG JOHN SJV 6851L SHC 469X	01/10/2015 08/10/2015 RBW	
NS/INC12002634/H1qn 23/02/2012 SHC 469X SJE 9429T 06/02/2012 23/02/2012 SSC	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: _____		
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\$ _____		
Disbursement: S\$ _____ (e.g. Tow/ Independent)	1) Claim status: Normal/Reject/Private Settle	
Legal Cost S\$ _____	2) Report Format:	
	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: _____		