

INS. CASE OWNER:

CC3 / FCI 2000 8897 / Kes3

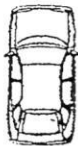
LKK:

IDAC:

## ASSIGNMENT

Surveyor: KennethDOI: 21/08/2020Date / Time : 24/08/2020Registered in Merimen: —

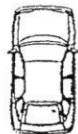
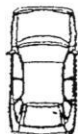
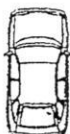
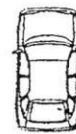
Pre-assign / CCU / FTE

Insured Vehicle No. : SHB 3513LClaim No. :                     Name of Insured : CITYCAB PTE LTDPolicy No. :                     Insured Tel No. :                      HP:                     Make / Model :                     Excess Sec II : S\$                      D.O.A : 20/08/2020Place 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 / NODriver Tel No. :                      (V/L: YES / NO)Insured Liability :                      % Final ? Yes / No

SHB 7724T

INSRS:  
WSP: TRANS-CAB  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time                                                          | SHB 7724T : CC3/FCI13012370/Kgu2 ; DOA : 01/05/2013<br>SHB 3513L : X                                    | STAGE                                                        | DATE / PIC                                        |
|---------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|---------------------------------------------------|
|                                                                     | - Please check / verify OID DL                                                                          | 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"/> <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: <u>                    </u> Sent By: <u>                    </u>                             | Post-Repair Photos:                                          | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                     |                                                                                                         | Others:                                                      | <input type="checkbox"/> <input type="checkbox"/> |
| FINALIZATION                                                        | Date/Time: <u>                    </u> Confirm with: <u>                    </u> Confirm by: <u>KSC</u> |                                                              |                                                   |
| Repair Cost: P/P                                                    | S\$ <u>6,781.40</u> ( <u>3</u> days) Reduction: <u>80</u> %                                             | Email <input type="checkbox"/> Call <input type="checkbox"/> |                                                   |
| FINAL SETTLEMENT                                                    | Date/Time: <u>23.02.21</u> Confirm with <u>WAI YIN</u>                                                  | Email <input type="checkbox"/> Call <input type="checkbox"/> |                                                   |
| Final Liability:                                                    | % <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>NIL</u>                                              | If NO or B 28, Ass. Lia :                                    |                                                   |
| Repair Cost: w/GST                                                  | S\$ <u>7,256.10</u>                                                                                     | <u>OID BEATS RED LIGHT HIT TP</u>                            |                                                   |
| Loss of Rental (LOR):                                               | S\$ <u>450.00</u> ( <u>5</u> days) X \$90                                                               |                                                              |                                                   |
| Loss of Use (LOU):                                                  | S\$ <u>-</u> (\$ <u>x</u> days)                                                                         |                                                              |                                                   |
| Loss of Income (LOI):                                               | S\$ <u>250.00</u> (\$ <u>50</u> x <u>5</u> days)                                                        |                                                              |                                                   |
| LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> | LOR + LOU <input type="checkbox"/> LOR + LOI <input checked="" type="checkbox"/> [Tick only one]        |                                                              |                                                   |
| GIA/LTA Search                                                      | S\$ <u>7.49</u>                                                                                         |                                                              |                                                   |
| Medical:                                                            | S\$ <u>-</u>                                                                                            | 1) Claim status: Normal/Reject/Private Settle                |                                                   |
| Disbursement:                                                       | S\$ <u>-</u> (e.g. Tow/ Independent)                                                                    | 2) Report Format: <u>TP</u>                                  |                                                   |
| Legal Cost                                                          | S\$ <u>-</u>                                                                                            | 3) Survey fee: <u>\$600</u>                                  |                                                   |
| Total:                                                              | S\$ <u>7,963.59</u> Global Sum S\$:                                                                     |                                                              |                                                   |
| FINAL PAYMENT                                                       | Date/Time: <u>23.02.21</u> Confirm with: <u>WAI YIN</u>                                                 | Email <input type="checkbox"/> Call <input type="checkbox"/> |                                                   |
| Payee 1:                                                            | S\$ <u>7,963.59</u> Name 1: <u>TRANS-CAB AUTO SERVICES PTE LTD</u>                                      |                                                              |                                                   |
| Payee 2: (Strike if N.A.)                                           | S\$ <u>                    </u> Name 2: <u>                    </u>                                     |                                                              |                                                   |
| Payee 3: (Strike if N.A.)                                           | S\$ <u>                    </u> Name 3: <u>                    </u>                                     |                                                              |                                                   |