

## ASSIGNMENT

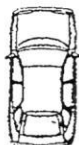
Surveyor: **Marcus**

DOI: 26/08/2020

Date / Time : 26/08/2020

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 323H

Claim No. : \_\_\_\_\_

Name of Insured : CITYCAB PTE LTD

Policy No. : \_\_\_\_\_

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

Make / Model :

Excess Sec II :SS D.O.A:22/08/2020

Place of Accident : \_\_\_\_\_

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

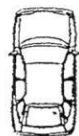
If NO, Driver Name / Age :

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

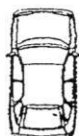
Driver Tel No. : (V/L: **YES** / NO )

|                     |   |                         |
|---------------------|---|-------------------------|
| Insured Liability : | % | <b>Final ? Yes / No</b> |
|---------------------|---|-------------------------|

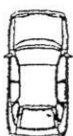
SMS 8870Z



INSRS:  
WSP: **CAR CITY**  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

|                                                                                                                                                           |                                                                    |                                    |                                                              |                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------------------------------|--------------------------------------------------------------|---------------------------------------------------|
| Date/ Time                                                                                                                                                | SMS 8870Z : CC3/CTI20008978/T1es3 ; DOA : 22/08/2020<br>SHC 323H : |                                    | STAGE                                                        | DATE / PIC                                        |
|                                                                                                                                                           |                                                                    |                                    | 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:                                                         | 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\$                                                                |                                    | 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:                            |                                                              |                                                   |