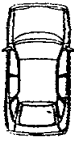


ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : **15/9/2020**Registered in Merimen: **---****Pre-assign / CCU / FTE**Insured Vehicle No. : **SHC 284L**Claim No. : **D20003641MFSH**Name of Insured : **CITYCAB PTE LTD**Policy No. : **D-20094921MFSH**

Insured Tel No. : _____ HP: _____

Make / Model : _____

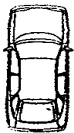
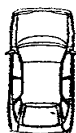
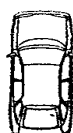
Excess Sec II :S\$ _____ D.O.A : **04/09/2020 22:30**Place of Accident : **ALONG QUEENSWAY RD JUNCTION COMMONWEALTH DRIVE**

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

If **NO**, Driver Name / Age : **SOH KWEE SENG**

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

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

Insured Liability : % **Final ? Yes / No****SLG 1001L**INSRS:
WSP: CYCLE & CARRIAGE
Tel : INDUSTRIES PTE LTD
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SHC 284L - CC3/AIG13006300/H1g2t2w2 - 02/04/2013	Non-Reporting ltr (1st):	
	CC4/AXA10019928/Dq1fq2 - 05/10/2010	Non-Reporting ltr (2nd):	
	SLG 1001L - X	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: P/P	S\$ 23,273.82 (11 days) Reduction: 7 %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 05/03/2021 Confirm with AMANDA	Email ☒ Call ☐	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :	
Repair Cost: w/GST	S\$ 24,902.99		
Loss of Rental (LOR):	S\$ 1,605.00 (15 days) x \$107.00		
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: TP	
Legal Cost	S\$	3) Survey fee: 600.00	
Total:	S\$ 26,507.99	Global Sum S\$:	
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email ☐ Call ☐	
Payee 1:	S\$ 26,507.99	Name 1: CYCLE & CARRIAGE INDUSTRIES PTE LTD	
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	