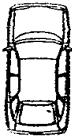


ASSIGNMENTSurveyor: **STEVE**DOI: **01/10/2020**Date / Time : **01/10/2020**Registered in Merimen: **—****Pre-assign / CCU / FTE**Insured Vehicle No. : **SHC 7079S**

Claim No. : _____

Name of Insured : **CITYCAB PTE LTD**

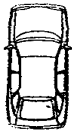
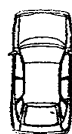
Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **26/09/2020**

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** / NODriver Tel No. : _____ (V/L: **YES** / NO)Insured Liability : _____ % **Final ? Yes / No****SJZ 9146Z**INSRS:
WSP: **AUBURN AUTO**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SJZ 9146Z : X	STAGE DATE / PIC
	SHC 7079S : CC4/FCI20004335/Kba3s2 ; DOA : 14/03/2020	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) ☐ ☐
		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: CTY
Repair Cost: L/S S\$ 4,500.00 (10 days) Reduction: 92 %		Email ☐ Call ☐
FINAL SETTLEMENT Date/Time: 25.08.21 Confirm with AUBURN		Email ☐ Call ☐
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 15		If NO or B 28, Ass. Lia :
Repair Cost: S\$ 4,500.00		OID CHANGED LANE HIT TP
Loss of Rental (LOR): S\$ 1,000.00 (10 days) X \$100		
Loss of Use (LOU): S\$ - (\$ x days)		
Loss of Income (LOI): S\$ - (\$ x days)		
LOR only ☒ LOU only ☐ LOR + LOU ☐ LOR + LO ☐ [Tick only one]		
GIA/LTA Search S\$ 7.45		
Medical: S\$ -		1) Claim status: Normal/ Reject/Private Settle
Disbursement: S\$ 50.00 (e.g. Tow/ Independent)		2) Report Format: TP
Legal Cost S\$ -		3) Survey fee: \$600
Total: S\$ 5,557.45 Global Sum S\$:		
FINAL PAYMENT Date/Time: 25.08.21 Confirm with: AUBURN		Email ☐ Call ☐
Payee 1: S\$ 5,557.45 Name 1: AUBURN AUTO PTE LTD		
Payee 2: (Strike if N.A.) S\$ Name 2:		
Payee 3: (Strike if N.A.) S\$ Name 3:		