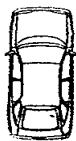


ASSIGNMENT

Surveyor:

XING GUO QIANGDOI: **04/01/2021**Date / Time : **04/01/2021**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **SHB 2151D**Claim No. : **D21000065MFSH**Name of Insured : **CITYCAB PTE LTD**Policy No. : **D-20094921MFSH**

Insured Tel No. : _____ HP: _____

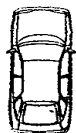
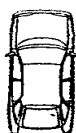
Make / Model : **TOYOTA PRIUS****Excess Sec II :S\$**D.O.A : **30/12/2020 12:45**Place of Accident : **ALONG GRANGE RD**

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

If NO, Driver Name / Age : **THONG WEI MUN**

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

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

Insured Liability : % **Final ? Yes / No****SJH 9830B**INSRS:
WSP: **TC AUTOCLINIC**
Tel : **PTE LTD**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	SJH 9830B -X	STAGE	DATE / PIC
	SHB 2151D - CS/FCI15020933/Ggbd1 ; 07.12.2015	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: _____
Repair Cost: P/P	S\$ 2,163.80 (3 days) Reduction: 39 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 27/7/2021 Confirm with Sayedina Ali		Email ☒ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27		If NO or B 28, Ass. Lia :
Repair Cost:	S\$ 2,315.27		
Loss of Rental (LOR):	S\$ _____ (_____ days)		
Loss of Use (LOU):	S\$ 180.00 (\$ 60 x 3 days)		
Loss of Income (LOI):	S\$ _____ (\$ _____ x _____ days)		
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]			
GIA/LTA Search	S\$ 7.45		
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: 350.00
Total:	S\$ 2,502.72	Global Sum S\$:	
FINAL PAYMENT	Date/Time: _____	Confirm with: _____	Email ☐ Call ☐
Payee 1:	S\$ 2,502.72	Name 1: TC AUTOCLINIC PTE LTD	
Payee 2: (Strike if N.A.)	S\$ _____	Name 2: _____	
Payee 3: (Strike if N.A.)	S\$ _____	Name 3: _____	