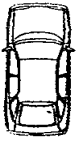


**ASSIGNMENT**

Surveyor: \_\_\_\_\_ DOI: \_\_\_\_\_ Date / Time : **05/01/2021**  
Registered in Merimen: \_\_\_\_\_

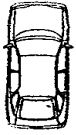
**Pre-assign / CCU / FTE**



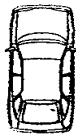
Insured Vehicle No. : **SHB 4707M** Claim No. : **D21000129MFSH**  
Name of Insured : **CITYCAB PTE LTD** Policy No. : **D-20094921MFSH**  
Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_ Make / Model : \_\_\_\_\_  
**Excess Sec II :S\$** D.O.A : **31/12/2020 12:30** Place of Accident : \_\_\_\_\_  
Is driver 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 : % **Final ? Yes / No**

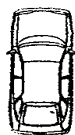
**SDR 5665G**



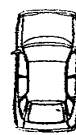
INSRS:  
WSP: **NPH AUTO SERVICE**  
Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_



INSRS:  
WSP: \_\_\_\_\_  
Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_



INSRS:  
WSP: \_\_\_\_\_  
Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_



INSRS:  
WSP: \_\_\_\_\_  
Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_

Date/ Time	STAGE	DATE / PIC
<b>SDR 5665G - CS/INC09015128/Dvb2 ; 01/05/2009</b>	Non-Reporting ltr (1st):	
<b>NA/INC09009457/r ; 01/05/2009</b>	Non-Reporting ltr (2nd):	
<b>NA/INC09009458/r ; 01/05/2009</b>	Non-Reporting ltr (Final):	
<b>SHB 4707M - CC3/AIG10025601/Da2u2k2 ; 18/12/2010</b>	Notification ltr (if non-pickup):	
<b>CC3/AIG15001106/H1ua3k3 ; 17/01/2015</b>	Call OI:	
<b>CS3/FCI16000659/R1gbd1 ; 28/05/2015</b>	After call ltr to OI:	
<b>NA/AIG15002450/r3 ; 17/01/2015</b>	<b>Documentation Check List: Handler Typist</b>	
<b>NA/UOI17011236/r3 ; 09/06/2017</b>	Notification ltr (if non-pickup)	<input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/>
	LOD	<input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>
<b>PRELIMINARY ADVICE</b> Date/Time: _____ Sent By: _____	Post-Repair Photos:	<input type="checkbox"/>
	Others:	<input type="checkbox"/>
<b>FINALIZATION</b> Date/Time: _____ Confirm with: _____ Confirm by: _____		
Repair Cost: S\$ _____ ( _____ days) Reduction: _____ % Email <input type="checkbox"/> Call <input type="checkbox"/>		
<b>FINAL SETTLEMENT</b> 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:	
<b>Total: S\$ _____ Global Sum S\$: _____</b>		
<b>FINAL PAYMENT</b> 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: _____		