

**ASSIGNMENT**Surveyor: AdrianDOI: 10/03/2021Date / Time : 10/03/2021Registered in Merimen: —**Pre-assign / CCU / FTE**Insured Vehicle No. : SHA 8187S

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

Name of Insured : CITYCAB PTE LTD

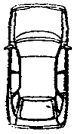
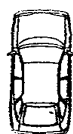
Policy No. : \_\_\_\_\_

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

Make / Model : \_\_\_\_\_

**Excess Sec II :S\$** \_\_\_\_\_ D.O.A : 09/03/2021

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**SJY 6177J → \_\_\_\_\_ → \_\_\_\_\_ → \_\_\_\_\_ → \_\_\_\_\_INSRS:  
WSP: **MG SOLUTION**  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time                                                                                                                                                                 |                                                     |                                                                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|------------------------------------------------------------------------------------|
|                                                                                                                                                                            | SJY 6177J : X                                       | <b>STAGE</b> <b>DATE / PIC</b>                                                     |
|                                                                                                                                                                            | SHA 8187S : CS/FCI15021070/Rtbd1 ; DOA : 08/12/2015 | Non-Reporting ltr (1st):                                                           |
|                                                                                                                                                                            |                                                     | Non-Reporting ltr (2nd):                                                           |
|                                                                                                                                                                            |                                                     | Non-Reporting ltr (Final):                                                         |
|                                                                                                                                                                            |                                                     | Notification ltr (if non-pickup):                                                  |
|                                                                                                                                                                            |                                                     | Call OI:                                                                           |
|                                                                                                                                                                            |                                                     | After call ltr to OI:                                                              |
|                                                                                                                                                                            |                                                     | <b>Documentation Check List: Handler Typist</b>                                    |
|                                                                                                                                                                            |                                                     | 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"/>          |
| <b>PRELIMINARY ADVICE</b> Date/Time:                                                                                                                                       | Sent By:                                            | Post-Repair Photos: <input type="checkbox"/> <input type="checkbox"/>              |
|                                                                                                                                                                            |                                                     | Others: <input type="checkbox"/> <input type="checkbox"/>                          |
| <b>FINALIZATION</b> Date/Time:                                                                                                                                             | Confirm with:                                       | Confirm by:                                                                        |
| Repair Cost: <b>L/SUM</b> S\$ <b>3,900.00</b> ( <b>4</b> days) Reduction: <b>54</b> %                                                                                      |                                                     | Email <input type="checkbox"/> Call <input type="checkbox"/>                       |
| <b>FINAL SETTLEMENT</b> Date/Time: <b>22.10.2021</b>                                                                                                                       | Confirm with <b>MS WONG</b>                         | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>            |
| Final Liability: % <b>100</b> (Agreed / Assessed) BOLA S/N No. : <b>28</b>                                                                                                 |                                                     | If NO or B 28, Ass. Lia : <b>0</b>                                                 |
| Repair Cost: S\$ <b>4,173.00</b>                                                                                                                                           |                                                     |                                                                                    |
| Loss of Rental (LOR): S\$ _____ ( _____ days)                                                                                                                              |                                                     |                                                                                    |
| Loss of Use (LOU): S\$ <b>200.00</b> (\$ <b>50</b> x <b>4</b> days)                                                                                                        |                                                     |                                                                                    |
| Loss of Income (LOI): S\$ _____ (\$ _____ x _____ days)                                                                                                                    |                                                     |                                                                                    |
| LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LO <input type="checkbox"/> <b>[Tick only one]</b> |                                                     |                                                                                    |
| GIA/LTA Search S\$ <b>7.45</b>                                                                                                                                             |                                                     |                                                                                    |
| Medical: S\$ _____                                                                                                                                                         |                                                     | 1) Claim status: Normal/ <del>Reject/Private Settle</del>                          |
| Disbursement: S\$ _____ (e.g. Tow/ Independent )                                                                                                                           |                                                     | 2) Report Format: <b>TP</b>                                                        |
| Legal Cost S\$ _____                                                                                                                                                       |                                                     | 3) Survey fee: <b>350.00</b>                                                       |
| <b>Total:</b> S\$ <b>4,380.45</b>                                                                                                                                          | <b>Global Sum S\$:</b> <b>4,300.00</b>              |                                                                                    |
| <b>FINAL PAYMENT</b> Date/Time:                                                                                                                                            | Confirm with:                                       | Email <input type="checkbox"/> Call <input type="checkbox"/>                       |
| Payee 1: S\$ <b>4,300.00</b>                                                                                                                                               | Name 1: <b>MG SOLUTION PTE LTD</b>                  |                                                                                    |
| Payee 2: (Strike if N.A.) S\$ _____                                                                                                                                        | Name 2: _____                                       |                                                                                    |
| Payee 3: (Strike if N.A.) S\$ _____                                                                                                                                        | Name 3: _____                                       |                                                                                    |