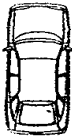


ASSIGNMENTSurveyor: MarcusDOI: 13/04/2021Date / Time : 13/04/2021Registered in Merimen: —**Pre-assign / CCU / FTE**Insured Vehicle No. : SHB 2197Y

Claim No. : _____

Name of Insured : CITYCAB PTE LTD

Policy No. : _____

Insured Tel No. : _____ HP: _____

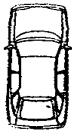
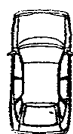
Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 09/04/2021

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****SJB 9760B**INSRS:
WSP: SOON SAN
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SJB 9760B : X ; SHB 2197Y : X		STAGE	DATE / PIC
			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
			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:	☐
			Post-Repair Photos:	☐
			Others:	☐
PRELIMINARY ADVICE	Date/Time:	Sent By:		
FINALIZATION	Date/Time:	Confirm with:	Confirm by:	
Repair Cost: <u>L/sum</u>	S\$ <u>10,500.00</u> (<u>15</u> days) Reduction: <u>50</u> %		Email ☐	Call ☐
FINAL SETTLEMENT	Date/Time: <u>14/06/2021</u>	Confirm with <u>Vincent</u>	Email ☒	Call ☐
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>28</u>		If NO or B 28, Ass. Lia : <u>100</u>	
Repair Cost:	S\$ <u>10,500.00</u>			
Loss of Rental (LOR):	S\$ _____ (_____ days)			
Loss of Use (LOU):	S\$ <u>1,020.00</u> (\$ <u>60</u> x <u>17</u> days)			
Loss of Income (LOI):	S\$ _____ (\$ _____ x _____ days)			
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LO ☐ [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: <u>TP</u>	
Legal Cost	S\$ _____		3) Survey fee: <u>\$350.00</u>	
Total:	S\$ <u>11,520.00</u>	Global Sum S\$: <u>11,500.00</u>		
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☒	Call ☐
Payee 1:	S\$ <u>11,500.00</u>	Name 1: <u>SOON SAN MOTOR TRADING</u>		
Payee 2: (Strike if N.A.)	S\$ _____	Name 2: _____		
Payee 3: (Strike if N.A.)	S\$ _____	Name 3: _____		