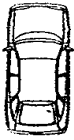


ASSIGNMENTSurveyor: **MARCUS**DOI: **04/05/2021**Date / Time : **04/05/2021**Registered in Merimen: **—****Pre-assign / CCU / FTE**Insured Vehicle No. : **SHB 2191M**

Claim No. : _____

Name of Insured : **CITYCAB PTE LTD**

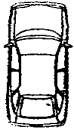
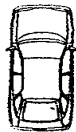
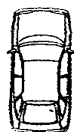
Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **03/05/2021**

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****SLJ 1480X**INSRS:
WSP: **FASTECH**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SLJ 1480X : X	Non-Reporting ltr (1st):	
	SHB 2191M : CS3/ASM21000442/Bqf3e2 ; DOA : 08/01/2021	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: L/S	S\$ 6,200.00 (4 days) Reduction: 58.53 %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 08/09/2021 Confirm with ASHLEY	Email ☒ Call ☐	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 26	If NO or B 28, Ass. Lia :	
Repair Cost: (W/GST)	S\$ 6,634.00		
Loss of Rental (LOR):	S\$ 400.00 (4 days) X \$100.00		
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\$		
Medical:	S\$		
Disbursement:	S\$ (e.g. Tow/ Independent)		
Legal Cost	S\$		
Total:	S\$ 7,034.00 Global Sum S\$: 7,000.00	1) Claim status: Normal/Reject/Private Settle	
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	2) Report Format: TP	
Payee 1:	S\$ 7,000.00 Name 1: Fastech Auto Pte Ltd	3) Survey fee: \$350.00	
Payee 2: (Strike if N.A.)	S\$ Name 2:		
Payee 3: (Strike if N.A.)	S\$ Name 3:		