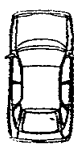


**ASSIGNMENT**Surveyor: RASULDOI: 5-Aug-2021Date / Time : 04/08/2021

Registered in Merimen: \_\_\_\_\_

**Pre-assign / CCU / FTE**Insured Vehicle No. : SHA 9369CClaim No. : S1M03EZUName of Insured : CITYCAB PTE LTDPolicy No. : P2419140

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

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

Excess Sec II : \$ \_\_\_\_\_ D.O.A : 03.08.2021 21:10

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**SMY 7239YINSRS:  
WSP: MTM Automotiq  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time                                                                                                                                                           |                                                     |                                              |                                                                         |                                                           |                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|----------------------------------------------|-------------------------------------------------------------------------|-----------------------------------------------------------|------------------------------|
|                                                                                                                                                                      | <b>SMY 7239Y - X</b>                                |                                              |                                                                         | <b>STAGE</b>                                              | <b>DATE / PIC</b>            |
|                                                                                                                                                                      | <b>SHA 9369C - CC3/AIC09027861/Dwr1; 04/12/2009</b> |                                              |                                                                         | Non-Reporting ltr (1st):                                  |                              |
|                                                                                                                                                                      | <b>CC3/AIG09025894/Dn1q1k2; 14/11/2009</b>          |                                              |                                                                         | Non-Reporting ltr (2nd):                                  |                              |
|                                                                                                                                                                      | <b>CC3/AIG15022106/H1hb3n2; 23/12/2015</b>          |                                              |                                                                         | Non-Reporting ltr (Final):                                |                              |
|                                                                                                                                                                      | <b>CC3/CT119014227/K1eb3q2; 12/08/2019</b>          |                                              |                                                                         | Notification ltr (if non-pickup):                         |                              |
|                                                                                                                                                                      | <b>NS/INC21006607/Nvce2; 08/06/2021</b>             |                                              |                                                                         | Call OI:                                                  |                              |
|                                                                                                                                                                      |                                                     |                                              |                                                                         | After call ltr to OI:                                     |                              |
| <b>04/10/2021</b>                                                                                                                                                    | <b>Pls refer to VIEWS for details.</b>              |                                              |                                                                         | <b>Documentation Check List:</b>                          | <b>Handler</b> <b>Typist</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: <u>L/sum</u>                                                                                                                                            | S\$ <u>2,750.00</u>                                 | ( <u>3</u> days) Reduction: <u>57</u> %      | Email <input type="checkbox"/> Call <input type="checkbox"/>            |                                                           |                              |
| <b>FINAL SETTLEMENT</b>                                                                                                                                              | Date/Time: <u>04/10/2021</u>                        | Confirm with <u>Donavan</u>                  | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> |                                                           |                              |
| Final Liability:                                                                                                                                                     | % <u>100</u>                                        | (Agreed / Assessed) BOLA S/N No. : <u>23</u> | If NO or B 28, Ass. Lia :                                               |                                                           |                              |
| Repair Cost:                                                                                                                                                         | S\$ <u>2,750.00</u>                                 |                                              |                                                                         |                                                           |                              |
| Loss of Rental (LOR):                                                                                                                                                | S\$ _____                                           | ( _____ days)                                |                                                                         |                                                           |                              |
| Loss of Use (LOU):                                                                                                                                                   | S\$ <u>180.00</u>                                   | ( \$ <u>60</u> x <u>3</u> 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 + LOI <input type="checkbox"/> [Tick only one] |                                                     |                                              |                                                                         |                                                           |                              |
| GIA/LTA Search                                                                                                                                                       | S\$ _____                                           |                                              |                                                                         |                                                           |                              |
| Medical:                                                                                                                                                             | S\$ _____                                           |                                              |                                                                         | 1) Claim status: Normal/ <del>Reject/Private Settle</del> |                              |
| Disbursement:                                                                                                                                                        | S\$ _____                                           | (e.g. Tow/ Independent )                     |                                                                         | 2) Report Format: <u>TP</u>                               |                              |
| Legal Cost                                                                                                                                                           | S\$ _____                                           |                                              |                                                                         | 3) Survey fee: <u>\$350.00</u>                            |                              |
| <b>Total:</b>                                                                                                                                                        | S\$ <u>2,930.00</u>                                 | <b>Global Sum S\$: 2,900.00</b>              |                                                                         |                                                           |                              |
| <b>FINAL PAYMENT</b>                                                                                                                                                 | Date/Time:                                          | Confirm with:                                | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> |                                                           |                              |
| Payee 1:                                                                                                                                                             | S\$ <u>2,900.00</u>                                 | Name 1: <u>MTM AUTOMOTIQ PTE LTD</u>         |                                                                         |                                                           |                              |
| Payee 2: (Strike if N.A.)                                                                                                                                            | S\$ _____                                           | Name 2:                                      |                                                                         |                                                           |                              |
| Payee 3: (Strike if N.A.)                                                                                                                                            | S\$ _____                                           | Name 3:                                      |                                                                         |                                                           |                              |