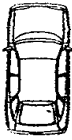


**ASSIGNMENT**Surveyor: AdrianDOI: 21/09/2021Date / Time : 21/09/2021Registered in Merimen: —**Pre-assign / CCU / FTE**Insured Vehicle No. : SHF 615A

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

Name of Insured : TRANS-CAB SERVICES PTE LTD

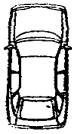
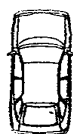
Policy No. : \_\_\_\_\_

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

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

**Excess Sec II :S\$** \_\_\_\_\_ D.O.A : 21/09/2021

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****SMV 860P**INSRS:  
WSP: **MG SOLUTION**  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time                                                                                                                                               |                                                      |                                                                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|------------------------------------------------------------------------------------|
|                                                                                                                                                          | SMV 860P : X                                         | <b>STAGE</b> <b>DATE / PIC</b>                                                     |
|                                                                                                                                                          | SHF 615A : CC3/AIG20001028/Kks3s2 ; DOA : 13/01/2020 | 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: 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 + LO <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\$ _____</b>                                                                                                                                  | <b>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: _____                                        |                                                                                    |