

**ASSIGNMENT**Surveyor: AdrianDOI: 21/12/2021Date / Time : 20/12/2021Registered in Merimen: —**Pre-assign / CCU / FTE**Insured Vehicle No. : SHA 9516U

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

Name of Insured : CITYCAB PTE LTD

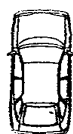
Policy No. : \_\_\_\_\_

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

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

**Excess Sec II :S\$** \_\_\_\_\_ D.O.A : 18/12/2021

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 4761G →INSRS:  
WSP: **TWINCAR**  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time                                                                                                                                                          |                                                          |                                                                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|------------------------------------------------------------------------------------|
|                                                                                                                                                                     | SJB 4761G : CS3/TMI16006452/Gth3c2-1 ; DOA : 06/04/2016  | <b>STAGE</b>                                                                       |
|                                                                                                                                                                     | SHA 9516U : CS3/ASM21006493/Uqce2 ; DOA : 03/06/2021     | <b>DATE / PIC</b>                                                                  |
|                                                                                                                                                                     |                                                          | 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: <b>LWP</b>                                                             |
| Repair Cost: <b>L/S</b> S\$ <b>5,200.00</b> ( <b>8</b> days) Reduction: <b>43</b> %                                                                                 |                                                          | Email <input type="checkbox"/> Call <input type="checkbox"/>                       |
| <b>FINAL SETTLEMENT</b>                                                                                                                                             | Date/Time: <b>28/06/2023</b> Confirm with <b>Hui Xin</b> | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>            |
| Final Liability: % <b>100</b> (Agreed / Assessed) BOLA S/N No. : <b>27</b>                                                                                          |                                                          | If NO or B 28, Ass. Lia : _____                                                    |
| Repair Cost: <b>w/GST</b> S\$ <b>5,564.00</b>                                                                                                                       |                                                          | <b>OID REAR ENDED TP</b>                                                           |
| Loss of Rental (LOR): S\$ <b>1,000.00</b> ( <b>10</b> days) x \$100                                                                                                 |                                                          |                                                                                    |
| Loss of Use (LOU): S\$ <b>-</b> (\$ x days)                                                                                                                         |                                                          |                                                                                    |
| Loss of Income (LOI): S\$ <b>-</b> (\$ x days)                                                                                                                      |                                                          |                                                                                    |
| LOR only <input checked="" type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LO <input type="checkbox"/> [Tick only one] |                                                          |                                                                                    |
| GIA/LTA Search S\$ <b>7.45</b>                                                                                                                                      |                                                          |                                                                                    |
| Medical: S\$ <b>-</b>                                                                                                                                               |                                                          | 1) Claim status: Normal/Reject/Private Settle                                      |
| Disbursement: S\$ <b>100.00</b> (e.g. Tow/Independent )                                                                                                             |                                                          | 2) Report Format: <b>TP</b>                                                        |
| Legal Cost S\$ <b>-</b>                                                                                                                                             |                                                          | 3) Survey fee: <b>\$350.00</b>                                                     |
| <b>Total:</b> S\$ <b>6,671.45</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\$ <b>6,671.45</b>                                                                                                                                        | Name 1: <b>Twincar Automotive Pte Ltd</b>                |                                                                                    |
| Payee 2: (Strike if N.A.) S\$ _____                                                                                                                                 | Name 2: _____                                            |                                                                                    |
| Payee 3: (Strike if N.A.) S\$ _____                                                                                                                                 | Name 3: _____                                            |                                                                                    |