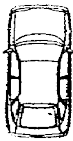


ASSIGNMENTSurveyor: **MARCUS**DOI: **23/08/2022**Date / Time : **23/08/2022**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **SHA 782B**Claim No. : **S2M049DN**Name of Insured : **CITYCAB PTE LTD**Policy No. : **P2465703**

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : S\$ _____ D.O.A : **19/08/2022 18:15**Place of Accident : **Paya Lebar Rd, Singapore**

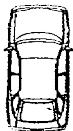
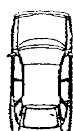
Is driver the owner? (YES / NO) Nature of Accident : _____

EUNOS AVENUE 5If **NO**, Driver Name / Age : **TAY HAI SIM**

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : _____

(V/L: YES / NO)

Insured Liability : % **Final ? Yes / No****SJM 7579P**INSRS:
WSP: **SOON SAN
MOTOR
TRADING**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE		DATE / PIC
SJM 7579P - X			
SHA 782B - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By			
CC3/ICS17007911/H1ea3q2 13/07/2017 SHA 782B GU 9441H 18/04/2017 15/07/2017 HMK			
CS/FCI19012648/R1qf3s2 22/07/2019 SDZ 686L SHA 782B 12/07/2019 31/07/2019 WYC			
	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: 1/sum S\$ 3,000.00 (5 days) Reduction: 57 %			Email ☐ Call ☐
FINAL SETTLEMENT Date/Time: 08/09/22 Confirm with Vincent			Email ☒ Call ☐
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27			If NO or B 28, Ass. Lia :
Repair Cost: S\$ 3,000.00			
Loss of Rental (LOR): S\$ 700.00 (7 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 + LOI ☐ [Tick only one]			
GIA/LTA Search S\$			
Medical: S\$			
Disbursement: S\$ (e.g. Tow/ Independent)			1) Claim status: Normal/ Reject/Private Settle
Legal Cost S\$			2) Report Format: TP
Total: S\$ 3,700.00	Global Sum S\$:		3) Survey fee: \$350.00
FINAL PAYMENT Date/Time:	Confirm with:		Email ☒ Call ☐
Payee 1: S\$ 3,700.00	Name 1: SOON SAN MOTOR TRADING		
Payee 2: (Strike if N.A.) S\$	Name 2:		
Payee 3: (Strike if N.A.) S\$	Name 3:		