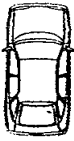


ASSIGNMENTSurveyor: **MARCUS**

DOI: _____

Date / Time : **17/10/2022**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **SHC 7589L**Claim No. : **S2M04CRU**Name of Insured : **CITYCAB PTE LTD**Policy No. : **P2465703**

Insured Tel No. : _____ HP: _____

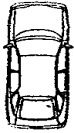
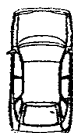
Make / Model : **Hyundai Ae ioniq**Excess Sec II :\$_____ D.O.A : **12/10/2022 06:05**Place of Accident : **Tampines Street 22, Singapore**

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

AVENUE 2If NO, Driver Name / Age : **HO EU GEE**

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

Driver Tel No. : _____ (V/L: YES / NO)

Insured Liability : % **Final ? Yes / No****SNE 3533S**INSRS:
WSP: **SOON SAN**
Tel : **MOTOR**
Liability: **TRADING**
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			STAGE	DATE / PIC
SNE 3533S - X				
SHC 7589L - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By				
CC4/GRB21003388/Dea3q2 27/01/2022 SHC 7589L SML 955C 10/03/2022 12/10/2022 HMK				
NBA/INC15008991/e1 29/05/2015 PETRA SCHULER FBF 3692C SMC 7589L 18/05/2015 04/06/2015 NBS				
			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: S\$	(days)	Reduction: %	Email ☐	Call ☐
FINAL SETTLEMENT Date/Time:	Confirm with		Email ☐	Call ☐
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 ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐	[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:	
Total: S\$	Global Sum S\$:			
FINAL PAYMENT Date/Time:	Confirm with:		Email ☐	Call ☐
Payee 1: S\$	Name 1:			
Payee 2: (Strike if N.A.) S\$	Name 2:			
Payee 3: (Strike if N.A.) S\$	Name 3:			