

**ASSIGNMENT**

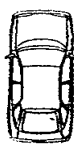
Surveyor:

**MARCUS**

DOI:

Date / Time : **16/11/2022**

Registered in Merimen:

**Pre-assign / CCU / FTE**Insured Vehicle No. : **SHA 88Y**Claim No. : **S2M04ERX**Name of Insured : **CITYCAB PTE LTD**Policy No. : **P2465703**

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

Make / Model : **Hyundai Ae ioniq****Excess Sec II :S\$** \_\_\_\_\_ D.O.A : **11/11/2022 19:50**Place of Accident : **River Valley Rd, Singapore**

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

If NO, Driver Name / Age : **YANG HUAFANG**

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

Driver Tel No. : \_\_\_\_\_

(V/L: YES / NO )

Insured Liability : \_\_\_\_\_ %

**Final ? Yes / No****GBF 1969T**INSRS:  
WSP: **Liu's Brother**  
Tel : **Auto**  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time                                                                                                                                                           |                           |                                                                   | STAGE                                                        | DATE / PIC                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------|
| <b>GBF 1969T - X</b>                                                                                                                                                 |                           |                                                                   |                                                              |                                   |
| <b>SHA 88Y - Reference Entry</b>                                                                                                                                     | <b>Date Customer Name</b> | <b>Vehicle No. TP Vehicle No. Accident Date</b>                   | <b>Non-Reporting Ltr (2nd):</b>                              | <b>Non-Reporting Ltr (Final):</b> |
| <b>CC4/AIG21005673/Nra3q2</b>                                                                                                                                        | <b>16/02/2022</b>         | <b>SHA 88Y SJK 885L 07/05/2021 17/02/2022</b>                     | <b>Non-Reporting Ltr (if non-pickup):</b>                    | <b>Call of:</b>                   |
| <b>CS3/ASM21002180/Qtf3e2</b>                                                                                                                                        | <b>19/03/2021</b>         | <b>SLM 6513L SHA 88Y 12/02/2021 22/03/2021</b>                    |                                                              |                                   |
| <b>CS3/ASM21007729/Evce2</b>                                                                                                                                         | <b>21/07/2021</b>         | <b>FBK 9600C SHA 88Y 08/06/2021 21/07/2021</b>                    |                                                              |                                   |
| <b>NA/INC09012987/w1</b>                                                                                                                                             | <b>10/06/2009</b>         | <b>BRYAN LIM KOK MENG SGD 3805X SHA 88Y 10/06/2009 12/06/2009</b> |                                                              |                                   |
| <b>NS/INC21008492/T1vcn2</b>                                                                                                                                         | <b>18/08/2021</b>         | <b>SHA 88Y SJV 1263S 09/08/2021 18/08/2021</b>                    |                                                              |                                   |
|                                                                                                                                                                      |                           |                                                                   | <b>After call ltr to OI:</b>                                 |                                   |
|                                                                                                                                                                      |                           |                                                                   | <b>Documentation Check List:</b>                             | <b>Handler 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>                                                                                                                                            | <b>Date/Time:</b>         | <b>Sent By:</b>                                                   | <b>Post-Repair Photos:</b>                                   | <input type="checkbox"/>          |
|                                                                                                                                                                      |                           |                                                                   | <b>Others:</b>                                               | <input type="checkbox"/>          |
| <b>FINALIZATION</b>                                                                                                                                                  | <b>Date/Time:</b>         | <b>Confirm with:</b>                                              | <b>Confirm by:</b>                                           |                                   |
| Repair Cost: <b>L/SUM</b>                                                                                                                                            | <b>S\$ 10,400.00</b>      | ( <b>10</b> days) Reduction: <b>55</b> %                          | Email <input type="checkbox"/> Call <input type="checkbox"/> |                                   |
| <b>FINAL SETTLEMENT</b>                                                                                                                                              | <b>Date/Time:</b>         | <b>Confirm with</b>                                               | <b>Email</b>                                                 | <b>Call</b>                       |
| Final Liability:                                                                                                                                                     | % <b>100</b>              | (Agreed / Assessed) BOLA S/N No. : <b>5</b>                       | <input checked="" type="checkbox"/>                          | <input type="checkbox"/>          |
| Repair Cost:                                                                                                                                                         | S\$ <b>10,400.00</b>      |                                                                   |                                                              |                                   |
| Loss of Rental (LOR):                                                                                                                                                | S\$ _____                 | ( _____ days)                                                     |                                                              |                                   |
| Loss of Use (LOU):                                                                                                                                                   | S\$ <b>660.00</b>         | ( \$ <b>60</b> x <b>11</b> 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\$ <b>7.45</b>           |                                                                   |                                                              |                                   |
| Medical:                                                                                                                                                             | S\$ _____                 |                                                                   |                                                              |                                   |
| Disbursement:                                                                                                                                                        | S\$ <b>74.90</b>          | (e.g. Tow/ independent )                                          |                                                              |                                   |
| Legal Cost                                                                                                                                                           | S\$ _____                 |                                                                   |                                                              |                                   |
| <b>Total:</b>                                                                                                                                                        | <b>S\$ 11,142.35</b>      | <b>Global Sum S\$: 11,100.00</b>                                  |                                                              |                                   |
| <b>FINAL PAYMENT</b>                                                                                                                                                 | <b>Date/Time:</b>         | <b>Confirm with:</b>                                              | <b>Email</b>                                                 | <b>Call</b>                       |
| Payee 1:                                                                                                                                                             | S\$ <b>11,100.00</b>      | Name 1: <b>Liu's Brother Auto Engineering Workshop</b>            |                                                              |                                   |
| Payee 2: (Strike if N.A.)                                                                                                                                            | S\$ _____                 | Name 2:                                                           |                                                              |                                   |
| Payee 3: (Strike if N.A.)                                                                                                                                            | S\$ _____                 | Name 3:                                                           |                                                              |                                   |