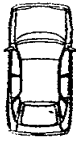


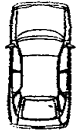
ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : **14.12.2022**
 Registered in Merimen: _____

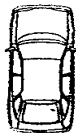
Pre-assign / CCU / FTE

Insured Vehicle No. : **SHC 817A** Claim No. : **S2M04G91**
 Name of Insured : **CITYCAB PTE LTD** Policy No. : **P2465703**
 Insured Tel No. : _____ HP: _____ Make / Model : **Toyota PRIUS**
Excess Sec II :\$ _____ D.O.A : **08/12/2022 18:50** Place of Accident : **GRANGE ROAD AFTER LEONIE HILL**
 Is driver the owner? (YES / NO) Nature of Accident : _____

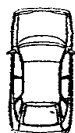
If **NO**, Driver Name / Age : **HARPAL SINGH S/O PURAN SINGH** OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
 Driver Tel No. : _____ (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

FBH 338K

INSRS: _____
 WSP: **EROFIA MOTOR**
 Tel : _____
 Liability : _____
 RMKS: _____



INSRS: _____
 WSP: _____
 Tel : _____
 Liability : _____
 RMKS: _____



INSRS: _____
 WSP: _____
 Tel : _____
 Liability : _____
 RMKS: _____



INSRS: _____
 WSP: _____
 Tel : _____
 Liability : _____
 RMKS: _____

Date/ Time		STAGE	DATE / PIC
FBH 338K - X			
SHC 817A - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By			
CC3/AIG11025529/H1a2g2y 28/08/2012 SHC 817A SFC 1332Z 08/12/2011 30/08/2012		Non-Reporting ltr (1st):	
CS/FC115004088/Kvbd1 06/04/2015 SDR 7949A SHC 817A 03/03/2015 07/04/2015 CKL		Non-Reporting ltr (2nd):	
NS/INC12019442/H1vk3 25/10/2012 SHC 817A GX 4753A 04/10/2012 31/10/2012 CMJ		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: 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: _____			