

INS. CASE OWNER:

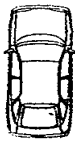
**ASSIGNMENT**

Surveyor: \_\_\_\_\_

DOI: \_\_\_\_\_

Date / Time : 04/01/2023

Registered in Merimen: \_\_\_\_\_

**Pre-assign / CCU / FTE**

Insured Vehicle No. : SHA 8762G

Claim No. : S3M04HFM

Name of Insured : CITYCAB PTE LTD

Policy No. : P2465703

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

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

Excess Sec II : S\$ \_\_\_\_\_ D.O.A : 30/12/2022 16:20

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 / NO

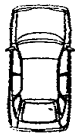
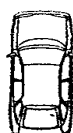
Driver Tel No. : \_\_\_\_\_

(V/L: YES / NO )

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

Final ? Yes / No

GBJ 709M

INSRS:  
WSP: MG SOLUTION  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time                                                                                                                                                           |  |                                                                         |                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------|---------------------------------------------------|
| GBJ 709M - X                                                                                                                                                         |  |                                                                         |                                                   |
| SHA 8762G - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Reporting By:                                                     |  | STAGE                                                                   | DATE / PIC                                        |
| CC3/FCI16002073/Kvbn2 24/03/2016 SHC 5218X SHA 8762G 16/02/2015 24/03/2016 SKI                                                                                       |  | Non-Reporting ltr (1st):                                                |                                                   |
| CS/FCI15007439/Avbw2 18/05/2015 SGP 4518E SHA 8762G 30/04/2015 25/05/2015 K                                                                                          |  | Non-Reporting ltr (2nd):                                                |                                                   |
| NA/INC15007302/r3 30/04/2015 TAN KIAN HOW SGP 4518E SHA 8762G 30/04/2015 04/06/2015 RBW                                                                              |  | Non-Reporting ltr (Final):                                              |                                                   |
| NBA/INC18012101/Y 03/07/2018 AHMAD HANAFEE BIN IBRAHIM FBM 9016D SHA 8762G 02/07/2018 03/07/2018 RBA                                                                 |  | Notification ltr (non-pickup)                                           |                                                   |
| NBA/INC20007504/Y 21/07/2020 NEO WAN YAN LUCINDA SGK 2282Z SHA 8762G 18/07/2020 24/07/2020 RBA                                                                       |  | After call ltr to OI:                                                   |                                                   |
|                                                                                                                                                                      |  | <b>Documentation Check List:</b>                                        | <b>Handler</b> <b>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: _____                                                                                           |  |                                                                         |                                                   |
| Repair Cost: <b>L/SUM</b> S\$ <b>4,200.00</b> ( <b>6</b> days) Reduction: <b>57</b> %                                                                                |  | Email <input type="checkbox"/> Call <input type="checkbox"/>            |                                                   |
| <b>FINAL SETTLEMENT</b> Date/Time: <b>01/06/2023</b> Confirm with <b>Sharon</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>8%GST</b> S\$ <b>4,536.00</b>                                                                                                                        |  |                                                                         |                                                   |
| Loss of Rental (LOR): S\$ _____ ( _____ days)                                                                                                                        |  |                                                                         |                                                   |
| Loss of Use (LOU): S\$ <b>480.00</b> (\$ <b>80.00</b> x <b>6</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>26.75</b>                                                                                                                                      |  |                                                                         |                                                   |
| Medical: S\$ _____                                                                                                                                                   |  | 1) Claim status: Normal/Reject/Private Settle                           |                                                   |
| Disbursement: S\$ _____ (e.g. Tow/ Independent )                                                                                                                     |  | 2) Report Format: <b>TP</b>                                             |                                                   |
| Legal Cost S\$ _____                                                                                                                                                 |  | 3) Survey fee: <b>\$350.00</b>                                          |                                                   |
| <b>Total:</b> S\$ <b>5,042.75</b> <b>Global Sum S\$: 5,000.00</b>                                                                                                    |  |                                                                         |                                                   |
| <b>FINAL PAYMENT</b> Date/Time: _____ Confirm with: _____ Email <input type="checkbox"/> Call <input type="checkbox"/>                                               |  |                                                                         |                                                   |
| Payee 1: S\$ <b>5,000.00</b> Name 1: <b>MG SOLUTION PTE LTD</b>                                                                                                      |  |                                                                         |                                                   |
| Payee 2: (Strike if N.A.) S\$ _____ Name 2: _____                                                                                                                    |  |                                                                         |                                                   |
| Payee 3: (Strike if N.A.) S\$ _____ Name 3: _____                                                                                                                    |  |                                                                         |                                                   |