

## ASSIGNMENT

Surveyor: ADRIAN

DOI: 01.03.2023

Date / Time : 01.03.2023

Registered in Merimen:

## Pre-assign / CCU / FTE



Insured Vehicle No. : SHA 9759K

Claim No. : S3M04JPY

Name of Insured : CITYCAB PTE LTD

Policy No. : P2478220

Insured Tel No. : HP:

Make / Model :

Excess Sec II :S\$ D.O.A: 21/02/2023 17:10

Place of Accident : **ALONG JURONG TOWN HALL ROAD**

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

If **NO**, Driver Name / Age : **SAIMIN LIAN HOK BIN**

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

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

| Insured Liability :                 | % | Final ? Yes / No |
|-------------------------------------|---|------------------|
| 1. General Liability                |   |                  |
| 2. Professional Liability           |   |                  |
| 3. Directors and Officers Liability |   |                  |
| 4. Employment Practices Liability   |   |                  |
| 5. Fidelity and Bonding             |   |                  |
| 6. Commercial Auto                  |   |                  |
| 7. Commercial Property              |   |                  |
| 8. Marine                           |   |                  |
| 9. Aviation                         |   |                  |
| 10. Umbrella                        |   |                  |
| 11. Other                           |   |                  |

SNE 7739P



INRS:  
WSP: JSSM  
Tel : AUTOSOLUTIONS  
Liability: PTE LTD  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

|                                                                                                                                                           |  |            |  |                                    |  |                                                              |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------|--|------------------------------------|--|--------------------------------------------------------------|--|
| Date/ Time                                                                                                                                                |  |            |  | STAGE                              |  | DATE / PIC                                                   |  |
| SNE 7739P - X                                                                                                                                             |  |            |  | Non-Reporting By (1st):            |  |                                                              |  |
| SHA 9759K - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close                                                             |  |            |  | Non-Reporting By (2nd):            |  |                                                              |  |
| CC3/AIG110115410/H1sa3k2 09/11/2011 SHA 9759K SJD 4956B 02/08/2011 15/11/2011                                                                             |  |            |  | Non-Reporting ltr (Final):         |  |                                                              |  |
| CC3/AXA11003457/M1n1c3c1 07/02/2012 SHA 9759K SFY 7376S 12/02/2011 09/02/2012                                                                             |  |            |  | Notification ltr (if non-pickup):  |  |                                                              |  |
| CC3/TMI16021298/H1vbn2 24/11/2016 SHA 9759K EF 5050G 05/11/2016 25/11/2016                                                                                |  |            |  | Call OI:                           |  |                                                              |  |
| CC4/III19011851/T1gs3q2 09/03/2020 SHA 9759K SHC 2862F 29/06/2019 10/03/2020                                                                              |  |            |  | After call ltr to OI:              |  |                                                              |  |
| CS/FCI15006435/Gvbd1 14/05/2015 SJQ 1818T SHA 9759K 11/04/2015 15/05/2015                                                                                 |  |            |  | Documentation Check List:          |  | Handler Typist                                               |  |
| CS/FCI16012393/M1vbd1 17/08/2016 SHA 9759K SHC 3956L 30/06/2016 17/08/2016                                                                                |  |            |  | Notification ltr (if non-pickup)   |  | <input type="checkbox"/>                                     |  |
| CS/FCI16013412/R1qbn2 28/12/2016 SJU 5266M SHA 9759K 30/06/2016 29/12/2016                                                                                |  |            |  | After call ltr to OI:              |  | <input type="checkbox"/>                                     |  |
| CS/FCI18008960/Uqd3n2 23/10/2018 SLM 3482L SHA 9759K 01/05/2018 24/10/2018                                                                                |  |            |  | Authorisation To Act:              |  | <input type="checkbox"/>                                     |  |
| CS/UOI16018934/H1vbn2 13/10/2016 SHA 9759K SJD 4004Z 05/10/2016 13/10/2016                                                                                |  |            |  | Release Voucher:                   |  | <input type="checkbox"/>                                     |  |
| NS/INC16011931/H1vbn2 07/07/2016 SHA 9759K SGU 7031X 24/06/2016 07/07/2016                                                                                |  |            |  | 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>                                                                                                                                 |  | Date/Time: |  | Sent By:                           |  | Post-Repair Photos:                                          |  |
|                                                                                                                                                           |  |            |  |                                    |  | <input type="checkbox"/>                                     |  |
|                                                                                                                                                           |  |            |  |                                    |  | <input type="checkbox"/>                                     |  |
| <b>FINALIZATION</b>                                                                                                                                       |  | Date/Time: |  | Confirm with:                      |  | Confirm by:                                                  |  |
| Repair Cost:                                                                                                                                              |  | S\$        |  | ( days) Reduction: %               |  | Email <input type="checkbox"/> Call <input type="checkbox"/> |  |
| <b>FINAL SETTLEMENT</b>                                                                                                                                   |  | Date/Time: |  | Confirm with                       |  | Email <input type="checkbox"/> Call <input type="checkbox"/> |  |
| 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 <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [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:                                               |  |
| <b>Total:</b>                                                                                                                                             |  | <b>S\$</b> |  | <b>Global Sum S\$:</b>             |  |                                                              |  |
| <b>FINAL PAYMENT</b>                                                                                                                                      |  | Date/Time: |  | Confirm with:                      |  | Email <input type="checkbox"/> Call <input type="checkbox"/> |  |
| Payee 1:                                                                                                                                                  |  | S\$        |  | Name 1:                            |  |                                                              |  |
| Payee 2: (Strike if N.A.)                                                                                                                                 |  | S\$        |  | Name 2:                            |  |                                                              |  |
| Payee 3: (Strike if N.A.)                                                                                                                                 |  | S\$        |  | Name 3:                            |  |                                                              |  |