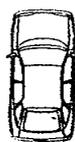


ASSIGNMENTSurveyor: ADRIAN DOI: _____ Date / Time : 15.03.2023

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : SHA 464UClaim No. : S3M04KE5Name of Insured : CITYCAB PTE LTDPolicy No. : P2478220

Insured Tel No. : _____ HP: _____

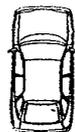
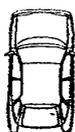
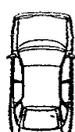
Make / Model : Hyundai I40Excess Sec II : \$ _____ D.O.A : 11/03/2023 11:00Place of Accident : Jln. Ahmad Ibrahim & Benoi Rd, Singapore

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

If NO, Driver Name / Age : TAY WEE KOK (ZHENG WEI GUO)

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

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

Insured Liability : _____ % **Final ? Yes / No****GBL 245Z**INSRS:
WSP: **N-51**
Tel : **AUTOMOTIVE**
Liability: **PTE LTD**
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
GBL 245Z - X			
SHA 464U - Reference Entry	Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By	Non-Reporting ltr (1st):	
	CC3/AXA11015222/H1hc3q2 23/12/2011 SHA 464U YJ 3349B 27/07/2011 03/01/2012 TLF	Non-Reporting ltr (2nd):	
	CC3/AXA13018040/Yem3c3 16/04/2014 SHA 464U SDZ 5605M 25/09/2013 17/04/2014 BPL	Non-Reporting ltr (Final):	
	CC3/TMI1900442B/K1qd3n2 20/03/2019 SHA 464U SMH 7109D 10/03/2019 21/03/2019 NVT	Notification ltr (if non-pickup):	
	CC4/ASM18004621/K1aa3q2 19/12/2018 SHA 464U GW 2428H 09/03/2018 20/12/2018 HMK		
	CS/GW09024015/Reh 21/04/2010 SHA 464U 26/09/2009 19/01/2010 FWL	Call ID:	
	NA/MSG13000328/e1 04/01/2013 JULIA HO BENG NGOOK SJB 4563L SHA 464U 04/01/2013 16/01/2013	After call ltr to OI:	
	NA/MSI08021131/s 26/07/2008 FY 3702K SHA 464U 22/07/2008 01/08/2008 TJS		
	NS/INC10008157/Eg1 10/06/2010 SHA 464U LAY 2200H 24/04/2010 11/06/2010 YYF	Documentation Check List: Handler Typist	
	NS/INC11013025/H1fg1 11/07/2011 SHA 464U SGJ 277H 30/06/2011 13/07/2011 LPY	Notification ltr (if non-pickup)	<input type="checkbox"/>
	NS/INC11026774/H1fn 12/04/2012 SHA 464U SCN 202S 26/12/2011 12/04/2012 TWL	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"/>
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____	Post-Repair Photos:	<input type="checkbox"/>
		Others:	<input type="checkbox"/>
FINALIZATION	Date/Time: _____ Confirm with: _____	Confirm by:	
Repair Cost:	\$S\$ (_____ days) Reduction: _____ %	Email <input type="checkbox"/>	Call <input type="checkbox"/>
FINAL SETTLEMENT	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:	
Total:	\$S\$ Global Sum \$S\$:		
FINAL PAYMENT	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: _____		