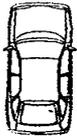


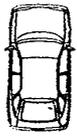
ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 26.04.2023
Registered in Merimen: _____

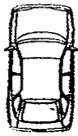
Pre-assign / CCU / FTE

Insured Vehicle No. : SHA 8568B Claim No. : S3M04LU1
Name of Insured : CITYCAB PTE LTD Policy No. : P2478220
Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II : \$ _____ D.O.A : 20/04/2023 17:30 Place of Accident : Jln. Ahmad Ibrahim, Singapore
Is driver the owner? (YES / NO) Nature of Accident : TOWARDS CORPORATION ROAD

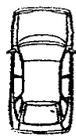
If NO, Driver Name / Age : _____ OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
Driver Tel No. : _____ (V/L: YES / NO) Insured Liability : _____ % Final ? Yes / No

GBG 2935D

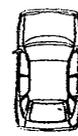
INSRS:
WSP: TLM Automobile
Tel : Pte Ltd
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
GBG 2935D - x		Non-Reporting ltr (1st):	
SHA 8568B - Reference Entry	Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created B	Non-Reporting ltr (2nd):	
	CC3/AXA11010231/H1m1dc1 26/01/2012 SHA 8568B FBC 6131B 27/05/2011 07/02/2012 LSL	Non-Reporting ltr (Final):	
	CC3/AXA12009852/H1ec3f1 16/07/2012 SHA 8568B SGG 9388C 08/05/2012 19/07/2012 TLF	Notification ltr (if non-pickup):	
	CS/INC08031387/Kcj 01/12/2008 SHA 8568B SGX 2814X 12/11/2008 04/12/2008 LPY	Call OI:	
	NS/INC12023859/H1qn 17/12/2012 SHA 8568B SFT 8857R 07/12/2012 19/12/2012 SSC	After call ltr to OI:	
		Documentation Check List: Handler Typist	
		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"/>
PRELIMINARY ADVICE Date/Time:	Sent By:	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
		Others:	<input type="checkbox"/> <input type="checkbox"/>
FINALIZATION Date/Time:	Confirm with:	Confirm by:	
Repair Cost: L/SUM S\$ 2,100.00 (4 days) Reduction: 60 %		Email <input type="checkbox"/> Call <input type="checkbox"/>	
FINAL SETTLEMENT Date/Time: 23/06/2023 Confirm with WENDY		Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27		If NO or B 28, Ass. Lia :	
Repair Cost: 8%GST S\$ 2,268.00			
Loss of Rental (LOR): S\$ (days)			
Loss of Use (LOU): S\$ 360.00 (\$ 90 x 4 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\$			
Medical: S\$		1) Claim status: Normal/ Reject/Private Settle	
Disbursement: S\$ (e.g. Tow/ Independent)		2) Report Format: TP	
Legal Cost S\$		3) Survey fee: \$350.00	
Total: S\$ 2,628.00 Global Sum S\$:			
FINAL PAYMENT Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>	
Payee 1: S\$ 2,628.00 Name 1: TLM AUTOMOBILE PTE LTD			
Payee 2: (Strike if N.A.) S\$ Name 2:			
Payee 3: (Strike if N.A.) S\$ Name 3:			