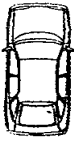


ASSIGNMENTSurveyor: **MARCUS**

DOI: _____

Date / Time : **10.05.2023**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **SHB 3298H**Claim No. : **S3M04MD2**Name of Insured : **CITYCAB PTE LTD**Policy No. : **P2478220**

Insured Tel No. : _____ HP: _____

Make / Model : _____

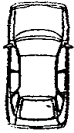
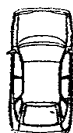
Excess Sec II : \$ _____ D.O.A : **08.05.2023**Place of Accident : **Cairnhill Road near Bideford Road**

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****SMS 5340G**INSRS:
WSP: **Lee Brothers**
Tel : **Automotive**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
SMS 5340G - X			
SHB 3298H - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By			
CC3/AG16012176/H1wb3q2 15/08/2016 SHB 3298H SKR 6701X 29/06/2016 17/08/2016 LSP			
CS/INC08033269/Kcq1 02/01/2009 SHB 3298H SFH 7281X 16/12/2008 06/01/2009 FWL			
NS/INC12018672/H1qn 05/02/2013 SHB 3298H SFS 1063R 25/09/2012 07/10/2013 LUY			
NS/INC21001629/T1vf3e2 12/03/2021 SHB 3298H SMU 9253M 30/01/2021 15/03/2021 LST1			
		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\$ _____			
Disbursement: S\$ _____ (e.g. Tow/ Independent)		1) Claim status: Normal/Reject/Private Settle	
Legal Cost S\$ _____		2) Report Format:	
		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: _____			