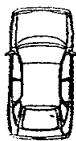


ASSIGNMENT

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

Pre-assign / CCU / FTE

Insured Vehicle No. : **SHB 6166K** Claim No. : _____
 Name of Insured : _____ Policy No. : _____
 Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II :S\$ _____ D.O.A : _____ Place of Accident : _____
 Is driver the owner? (YES / NO) Nature of Accident : _____

If NO, Driver Name / Age :

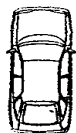
Driver Tel No. :

(V/L: YES / NO)

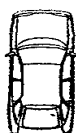
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability :

%

Final ? Yes / No

INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
		Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	
		Documentation Check List:	Handler
		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: Part by Part S\$ 14,397.70	(9 days) Reduction: 26 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 09/06/2025	Confirm with Desmond Toh	Email ☒ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 10		If NO or B 28, Ass. Lia :
Repair Cost: WITH GST 9% S\$ 15,693.50			
Loss of Rental (LOR):	S\$ (days)		
Loss of Use (LOU):	S\$ 540.00 (\$ 60 x 9 days)		
Loss of Income (LOI):	S\$ (\$ x days)		
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]			
GIA/LTA Search	S\$ 2.00		
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: \$500.00
Total:	S\$ 16,235.50	Global Sum S\$:	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☒ Call ☐
Payee 1:	S\$ 16,235.50	Name 1: KAH MOTOR CO SDN BERHAD	
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	