15/5/2010

| INS. CASE OWNER: | CC 4 / III180 01134 / R/053 | LKK: |
| | | IDAC: |

## ASSIGNMENT

| Surveyor: | RASUL | DOI: 17/01/18 | Date / Time: 16/01/17 |
| | | | Registered in Merimen: 13/01/18 |

Pre-assign / CCU / FTE

| Insured Vehicle No. : SHB 44025 | Claim No. : |
| Name of Insured : | Policy No. : |
| Insured Tel No. : | HP: | Make / Model : |
| Excess Sec II :S$ | D.O.A : 14/01/18 | Place of Accident : |
| Is driver the owner? ( YES / NO ) | Nature of Accident : |
| If NO, Driver Name / Age : | |
| Driver Tel No. : | OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO |
| (V/L: YES / NO ) | Insured Liability : % Final ? Yes / No |

SKC 62542

| INSRS: | INSRS: | INSRS: | INSRS: |
| WSP: Booя Мub | WSP: | WSP: | WSP: |
| Tel : | Tel : | Tel : | Tel : |
| Liability : | Liability : | Liability : | Liability : |
| RMKS: | RMKS: | RMKS: | RMKS: |

| Date/ Time | SKC 62542 - X | | STAGE | DATE / PIC |
| | SHB 44025 - CS/III/1025 20t/Rfm DOA: 04/2/11 | | 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 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: MRB |
| Repair Cost: | L/S S$ 2,000.00 ( 4 days) Reduction: 54 % | | 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 + LO ☐ [Tick only one] | | | |
| GIA/LTA Search | S$ | | |
| Medical: | S$ | | |
| Disbursement: | S$ | | 1) Claim status: Normal/Reject/Private Settle |
| Legal Cost | S$ | (e.g. Tow/ Independent ) | 2) Report Format: TP/WP |
| Total: | S$ | Global Sum S$: | 3) Survey fee: $250 |

| 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: | |