

ASSIGNMENT

KSC

8/8/2018

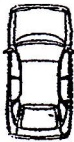
Date of Issue:

8/8/2018

8/8/2018

Registered in Merinaen:

Pre-assign / CCU / FTE

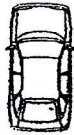


Insured Vehicle No. : SHD 43736
 Name of Insured : YPL
 Insured Tel No. : _____ HP: _____
 Excess Sec II :SS _____ D.O.A : 5/8/2018
 Is driver the owner? (YES / NO) Nature of Accident : _____
 If NO, Driver Name / Age : Lee Boon Tiong
 Driver Tel No. : 9639299 (VL: YES / NO)

Claim No. : _____
 Policy No. : MUM0075
 Make / Model : H-Sonata
 Place of Accident : ROCKY ROAD

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
 Insured Liability : % Final ? Yes / No

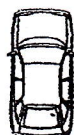
SLN 40235



INSRS: _____
 WSP: _____
 Tel: Supreme
 Liability: Arbo
 RMKS: _____



INSRS: _____
 WSP: _____
 Tel: _____
 Liability: _____
 RMKS: _____



INSRS: _____
 WSP: _____
 Tel: _____
 Liability: _____
 RMKS: _____



INSRS: _____
 WSP: _____
 Tel: _____
 Liability: _____
 RMKS: _____

Date/ Time		STAGE	DATE / PIC
14/8 2018	SLN 40235 - X; SHD 43736 - 603/111700 6035/60347; 00000013/2 - 603/111700 010349/111700 02/11/18	Non-Reporting ltr (1st): Non-Reporting ltr (2nd): Non-Reporting ltr (Final): Notification ltr (if non-pickup): Call OI: After call ltr to OI:	 NA
		Documentation Check List:	Handler Typist
		Notification ltr (if non-pickup)	<input checked="" type="checkbox"/> <input type="checkbox"/>
		After call ltr to OI:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Authorisation To Act:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Release Voucher:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Final Repair Bill:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Car Rental Invoice:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Towing Invoice	<input checked="" type="checkbox"/> <input type="checkbox"/>
		LTA / GIA :	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Medical Bill:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		PIR:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Mandate/Reject Instruction:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		LOD	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
		Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
		Others:	<input type="checkbox"/> <input type="checkbox"/>

10-4-19 LOD IN. FOR MANDATE

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____

FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____

Repair Cost: S\$ _____ (_____ days) Reduction: _____ % Email Call

FINAL SETTLEMENT Date/Time: 2-7-19 Confirm with: YUKI Email Call

Final Liability: 65T % 100 (Agreed / Assessed) BOLA S/N No. : 27
 If NO or B 28, Ass. Lia : H2R, OI BEHIND

Repair Cost: 65T S\$ 6,100.xx
 Loss of Rental (LOR): 65T S\$ 1,048.60 7 days) 140
 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\$ 7.45
 Medical: S\$ -
 Disbursement: S\$ - (e.g. Tow/ Independent)
 Legal Cost S\$ 7,156.05
 Total: S\$ 7,156.05 Global Sum S\$: _____

FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email Call

Pages 1: S\$ 7,156.05 Name: AUTOWORX HOUSE
 Pages 2 (M/FNA): S\$ X
 Pages 3 (M/FNA): S\$ X

COPY SENT 8/8/19