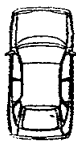


**ASSIGNMENT**

Surveyor: Mr Lim DOI: 24/04/2019 Date / Time : 24/04/2019  
Registered in Merimen: \_\_\_\_\_

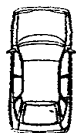
**Pre-assign / CCU / FTE**

Insured Vehicle No. : SJP 6059P Claim No. : \_\_\_\_\_  
Name of Insured : \_\_\_\_\_ Policy No. : \_\_\_\_\_  
Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_ Make / Model : \_\_\_\_\_  
**Excess Sec II :S\$** \_\_\_\_\_ D.O.A : 22/04/2019 Place of Accident : \_\_\_\_\_

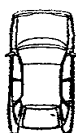
Is driver the owner? ( YES / NO ) Nature of Accident : \_\_\_\_\_

If NO, Driver Name / Age : \_\_\_\_\_ OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

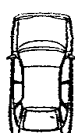
Driver Tel No. : \_\_\_\_\_ (V/L: YES / NO ) Insured Liability : % **Final ? Yes / No**

**SFY 709L**

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): |   |
| 21/07/2020                | Pls refer to VIEWS for details. | Call OI:                          |   |
|                           |                                 | After call ltr to OI:             |   |
|                           |                                 | <b>Documentation Check List:</b>  | <b>Handler</b> <b>Typist</b>                      |
|                           |                                 | 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"/> |
| <b>PRELIMINARY ADVICE</b> | Date/Time: _____ Sent By: _____ | Post-Repair Photos:               | <input type="checkbox"/> <input type="checkbox"/> |
|                           |                                 | Others:                           | <input type="checkbox"/> <input type="checkbox"/> |

|  |   |
|--|---|
| <b>FINALIZATION</b>  | Date/Time: _____ Confirm with: _____ Confirm by: _____                  |
| Repair Cost: <b>L/sum</b> S\$ <b>4,100.00</b> ( <b>8</b> days) Reduction: <b>26</b> %  | Email <input type="checkbox"/> Call <input type="checkbox"/>            |
| <b>FINAL SETTLEMENT</b> Date/Time: <b>21/07/2020</b> Confirm with <b>Jenny</b>   | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> |
| Final Liability: % <b>100</b> (Agreed / Assessed) BOLA S/N No. : <b>27</b>   | If NO or B 28, Ass. Lia :   |
| Repair Cost: w/GST S\$ <b>4,387.00</b>   |   |
| Loss of Rental (LOR): S\$ <b>900.00</b> ( <b>10</b> days) x <b>\$90.00</b>   |   |
| Loss of Use (LOU): S\$ (\$ x days)   |   |
| Loss of Income (LOI): S\$ (\$ x days)  |   |
| LOR only <input checked="" type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one] |   |
| GIA/LTA Search S\$ <b>7.45</b>   |   |
| Medical: S\$   | 1) Claim status: Normal/Reject/Private Settle                           |
| Disbursement: S\$ (e.g. Tow/ Independent )   | 2) Report Format: <b>TP</b>   |
| Legal Cost S\$   | 3) Survey fee: <b>\$350.00</b>  |
| <b>Total:</b> S\$ <b>5,294.45</b> <b>Global Sum S\$:</b>   |   |
| <b>FINAL PAYMENT</b> Date/Time: _____ Confirm with: _____ Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>                                    |   |
| Payee 1: S\$ <b>5,294.45</b> Name 1: <b>Lai Huat (Meng Kee) Motor Pte Ltd</b>  |   |
| Payee 2: (Strike if N.A.) S\$ Name 2:  |   |
| Payee 3: (Strike if N.A.) S\$ Name 3:  |   |