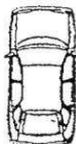


ASSIGNMENT

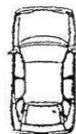
Surveyor: Kenneth DOI: 23/07/2020 Date / Time : 19/02/2020
Registered in Merimen: 19/02/2020

Pre-assign / CCU / FTE

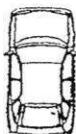


Insured Vehicle No. : SKX 2716Z Claim No. : _____
Name of Insured : DAIMLER FLEET MANAGEMENT SINGAPORE PTE. LTD. Policy No. : _____
Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II :SS _____ D.O.A : 20/09/2019 Place of Accident : _____
Is driver the owner? (YES / NO) Nature of Accident : _____
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

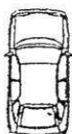
SLM 6373Z



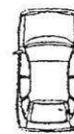
INSRS:
WSP: **CHENG HOE**
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
	SLM 6373Z : X ; SKX 2716Z : X	
	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)	<input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/>
	LTA / GLA :	<input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/>
	LOD	<input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/>
	Others:	<input type="checkbox"/>

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____

FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: **KSC**
Repair Cost: **P/P** S\$ **1,203.37** (**2** days) Reduction: **29** % Email Call

FINAL SETTLEMENT Date/Time: **16.09.21** Confirm with **JUNE** Email Call

Final Liability: % **100** (Agreed / Assessed) BOLA S/N No. : **27** If NO or B 28, Ass. Lia :
Repair Cost: **w/GST** S\$ **1,287.61** **OID REAR ENDED TP**
Loss of Rental (LOR): S\$ **200.00** (**2** days) X \$100
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\$ **8.00**
Medical: S\$ -
Disbursement: S\$ - (e.g. Tow/ Independent)
Legal Cost S\$ -
1) Claim status: Normal/Reject/Private Settle
2) Report Format: **TP**
3) Survey fee: **\$320**

Total: S\$ **1,495.61** Global Sum S\$:
FINAL PAYMENT Date/Time: **16.09.21** Confirm with: **JUNE** Email Call

Payee 1: S\$ **1,495.61** Name 1: **CHENG HOE MOTOR PTE LTD**
Payee 2: (Strike if N.A.) S\$ Name 2:
Payee 3: (Strike if N.A.) S\$ Name 3: