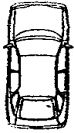


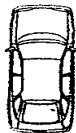
ASSIGNMENTSurveyor: MARCUSDOI: 20/04/2020Date / Time : 13/04/2020Registered in Merimen: 13/04/2020**Pre-assign / CCU / FTE**

Insured Vehicle No. : YN 3397R
 Name of Insured : LLMS LOGISTICS PTE LTD
 Insured Tel No. : 66595316 HP: _____
 Excess Sec II :\$ \$ _____ D.O.A : 08/04/2020

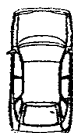
Claim No. : 4507559899SG
 Policy No. : 0999994005
 Make / Model : MITSUBISHI FE83BE6SRDEA
 Place of Accident : BKE TOWARDS HILLVIEW AVE

Is driver the owner? (YES / ☒ NO) Nature of Accident : _____If NO, Driver Name / Age : BALA SUBRAMANIAMDriver Tel No. : 90761773 (V/L: ☒ YES / NO)OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NOInsured Liability : % **Final ? Yes / No**SJT 2606R

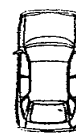
INSRS:
WSP: JIN AUTO
Tel : SERVICES
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SJT 2606R - x	Non-Reporting ltr (1st):	
	YN 3397R - CC3/AIG13001842/H1g2a3q2 24/01/2013	Non-Reporting ltr (2nd):	
	CC6/AIG13004423/Ug2a3y 02/03/2013	Non-Reporting ltr (Final):	
	CC6/AIG19005680/Ukb3q2 30/03/2019	Notification ltr (if non-pickup):	
	CS/AIG13002255/T1vd1 24/01/2013	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:	
Repair Cost: L/S S\$ 2,600.00 (4 days) Reduction: 1,942.40/43 %		Email ☐ Call ☐	
FINAL SETTLEMENT Date/Time: 31/8/2020 Confirm with JOUIS		Email ☒ Call ☐	
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27		If NO or B 28, Ass. Lia :	
Repair Cost: (w/ GST) S\$ 2,782.00			
Loss of Rental (LOR): S\$ (days)			
Loss of Use (LOU): S\$ 240.00 (\$ 60 x 4 days)			
Loss of Income (LOI): S\$ (\$ x days)			
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]			
GIA/LTA Search S\$			
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: \$320	
Total: S\$ 3,022.00	Global Sum S\$:		
FINAL PAYMENT Date/Time:	Confirm with:	Email ☐ Call ☐	
Payee 1: S\$ 3,022.00	Name 1: Jin Auto Services Pte Ltd		
Payee 2: (Strike if N.A.) S\$	Name 2:		
Payee 3: (Strike if N.A.) S\$	Name 3:		