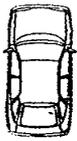


ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 21/04/2020
 Registered in Merimen: _____

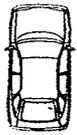
Pre-assign / CCU / FTE



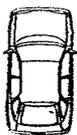
Insured Vehicle No. : SHA 0610P Claim No. : D20001955MFSH
 Name of Insured : _____ Policy No. : D-20094921MFSH
 Insured Tel No. : _____ HP: _____ Make / Model : _____
 Excess Sec II :S\$ _____ D.O.A : 18/04/2020 Place of Accident : _____
 Is driver the owner? (YES / NO) Nature of Accident : _____

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**

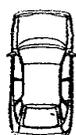
SMA 5871K →



INSRS: _____
 WSP: **N-51**
 Tel : **AUTOMOTIVE**
 Liability : _____
 RMKS: _____



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



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



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

Date/ Time	SMA 5871K - X	SHA 0610P - X	STAGE	DATE / PIC
			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 checked="" type="checkbox"/>
			Release Voucher:	<input checked="" type="checkbox"/>
			Final Repair Bill:	<input checked="" type="checkbox"/>
			Car Rental Invoice:	<input checked="" type="checkbox"/>
			Towing Invoice	<input type="checkbox"/>
			LTA / GIA :	<input checked="" type="checkbox"/>
<u>13/01/2021</u>	<u>SETTLED AND CLOSED / FILE IN DRAWER</u>		Medical Bill:	<input type="checkbox"/>
			PIR:	<input type="checkbox"/>
			Mandate/Reject Instruction:	<input checked="" type="checkbox"/>
			LOD	<input checked="" type="checkbox"/>
			Payment Breakdown Form:	<input type="checkbox"/>
PRELIMINARY ADVICE Date/Time: _____ Sent By: _____			Post-Repair Photos:	<input type="checkbox"/>
			Others:	<input type="checkbox"/>
FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____				
Repair Cost: <u>L/S</u> S\$ <u>4,400.00</u> (<u>6</u> days) Reduction: <u>50.31</u> % Email <input type="checkbox"/> Call <input type="checkbox"/>				
FINAL SETTLEMENT Date/Time: <u>13/01/2021</u> Confirm with <u>MELODY</u> Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>				
Final Liability: % <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>27</u> If NO or B 28, Ass. Lia :				
Repair Cost: (W/GST) S\$ <u>4,708.00</u>				
Loss of Rental (LOR): S\$ <u>426.00</u> (<u>6</u> days) x \$71.00 <u>OID rear-ended TP</u>				
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\$ <u>36.45</u>				
Medical: S\$				
Disbursement: S\$ (e.g. Tow/ Independent)			1) Claim status: Normal/Reject/Private Settle	
Legal Cost S\$			2) Report Format: <u>TP</u>	
Total: S\$ <u>5,170.45</u> Global Sum S\$: <u>5,150.00</u>			3) Survey fee: <u>\$350.00</u>	
FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email <input type="checkbox"/> Call <input type="checkbox"/>				
Payee 1: S\$ <u>5,150.00</u> Name 1: <u>N-51 AUTOMOTIVE PTE LTD</u>				
Payee 2: (Strike if N.A.) S\$ Name 2:				
Payee 3: (Strike if N.A.) S\$ Name 3:				