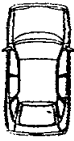
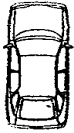
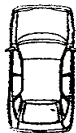
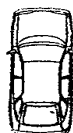


**ASSIGNMENT**Surveyor: KENNETHDOI: 24/04/2020Date / Time : 23/04/2020Registered in Merimen: 24/04/2020**Pre-assign / CCU / FTE**Insured Vehicle No. : SGZ 9733PClaim No. : 7948231990SGName of Insured : NEO CHEE BENGPolicy No. : 2100496010Insured Tel No. : HP: 96713783Make / Model : NISSAN SYLPHY-1.6 CVT ABS D/AIRBAG 2WD 4DR (A)Excess Sec II :S\$ D.O.A : 01/04/2020Place 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 / NODriver Tel No. : (V/L: YES / NO)Insured Liability : % **Final ? Yes / No**SMH 2372SINSRS:  
WSP: **KGC WORKSHOP**  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time                |                                               |                                                                                               |
|---------------------------|-----------------------------------------------|-----------------------------------------------------------------------------------------------|
|                           | SMH 2372S - X                                 | <b>STAGE</b> <b>DATE / PIC</b>                                                                |
|                           |                                               | Non-Reporting ltr (1st):                                                                      |
|                           | SGZ 9733P - CC3/AIG11023114/Asg2q2 15/10/2011 | Non-Reporting ltr (2nd):                                                                      |
|                           |                                               | Non-Reporting ltr (Final):                                                                    |
|                           |                                               | Notification ltr (if non-pickup):                                                             |
|                           |                                               | Call OI:                                                                                      |
|                           |                                               | After call ltr to OI:                                                                         |
|                           |                                               | <b>Documentation Check List: Handler Typist</b>                                               |
|                           |                                               | 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 type="checkbox"/> <input type="checkbox"/>                         |
|                           |                                               | Towing Invoice <input type="checkbox"/> <input type="checkbox"/>                              |
|                           |                                               | LTA / GIA : <input checked="" type="checkbox"/> <input type="checkbox"/>                      |
|                           |                                               | Medical Bill: <input type="checkbox"/> <input type="checkbox"/>                               |
|                           |                                               | PIR: <input 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"/>                                     |
| <b>05/08/2020</b>         | <b>SETTLED AND CLOSED</b>                     |                                                                                               |
| <b>PRELIMINARY ADVICE</b> | Date/Time: <u></u> Sent By: <u></u>           |                                                                                               |

|                                                                                                                                                                      |                                                                                                       |                                                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| <b>FINALIZATION</b>                                                                                                                                                  | Date/Time: <u></u> Confirm with: <u></u> Confirm by: <u></u>                                          |                                                                         |
| Repair Cost: <b>L/S</b>                                                                                                                                              | S\$ <b>1,600.00</b> ( <b>2</b> days) Reduction: <b>65.91</b> %                                        | Email <input type="checkbox"/> Call <input type="checkbox"/>            |
| <b>FINAL SETTLEMENT</b>                                                                                                                                              | Date/Time: <b>04/08/2020</b> Confirm with <b>POH KIN</b>                                              | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> |
| Final Liability:                                                                                                                                                     | % <b>100</b> (Agreed / Assessed) BOLA S/N No. : <b>NIL</b>                                            | If NO or B 28, Ass. Lia :                                               |
| Repair Cost: (W/GST)                                                                                                                                                 | S\$ <b>1,712.00</b>                                                                                   | <b>OI reversed and hit TP.</b>                                          |
| Loss of Rental (LOR):                                                                                                                                                | S\$ <u></u> ( <u></u> days)                                                                           |                                                                         |
| Loss of Use (LOU):                                                                                                                                                   | S\$ <b>400.00</b> (\$ <b>100</b> x <b>4</b> days)                                                     |                                                                         |
| Loss of Income (LOI):                                                                                                                                                | S\$ <u></u> (\$ <u></u> x <u></u> days)                                                               |                                                                         |
| LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one] |                                                                                                       |                                                                         |
| GIA/LTA Search                                                                                                                                                       | S\$ <b>29.00</b>                                                                                      |                                                                         |
| Medical:                                                                                                                                                             | S\$ <u></u>                                                                                           | 1) Claim status: Normal/Reject/Private Settle                           |
| Disbursement:                                                                                                                                                        | S\$ <u></u> (e.g. Tow/ Independent )                                                                  | 2) Report Format: <b>TP</b>                                             |
| Legal Cost                                                                                                                                                           | S\$ <u></u>                                                                                           | 3) Survey fee: <b>\$320.00</b>                                          |
| <b>Total:</b>                                                                                                                                                        | <b>S\$ 2,141.00</b> <b>Global Sum S\$: 2,100.00</b>                                                   |                                                                         |
| <b>FINAL PAYMENT</b>                                                                                                                                                 | Date/Time: <u></u> Confirm with: <u></u> Email <input type="checkbox"/> Call <input type="checkbox"/> |                                                                         |
| Payee 1:                                                                                                                                                             | S\$ <b>2,100.00</b> Name 1: <b>KGC WORKSHOP PTE LTD</b>                                               |                                                                         |
| Payee 2: (Strike if N.A.)                                                                                                                                            | S\$ <u></u> Name 2: <u></u>                                                                           |                                                                         |
| Payee 3: (Strike if N.A.)                                                                                                                                            | S\$ <u></u> Name 3: <u></u>                                                                           |                                                                         |