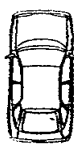


ASSIGNMENTSurveyor: **KENNETH**DOI: **19/05/2020**Date / Time : **27/04/2020**Registered in Merimen: **27/04/2020****Pre-assign / CCU / FTE**Insured Vehicle No. : **SDR 3030B**Claim No. : **5414133031SG**Name of Insured : **GUAN HO CONSTRUCTION CO (PTE) LTD**Policy No. : **1900117939**Insured Tel No. : **67423885** HP: _____Make / Model : **PORSCHE PANAMERA PDK 3.0****Excess Sec II :S\$** _____ D.O.A : **04/04/2020**Place of Accident : **30 LENGKANG TIGA**Is driver the owner? (YES / **NO**) Nature of Accident : _____If **NO**, Driver Name / Age : **HO SEOW BAN**OI GIA REPORT: **YES** / NO ; TP GIA REPORT: **YES** / NODriver Tel No. : **96610093**(V/L: **YES** / NO)Insured Liability : % **Final ? Yes / No****SKL 9192B**INSRS:
WSP: **GUAN MOTOR**
Tel : **WORKS**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			STAGE	DATE / PIC
	SKL 9192B - CC6/AIG15007691/Kuy3q2	01/03/2015		
	CC4/AXA17003954/T1ub3q2	23/02/2017	Non-Reporting ltr (1st):	
			Non-Reporting ltr (2nd):	
	SDR 3030B - X		Non-Reporting ltr (Final):	
			Notification ltr (if non-pickup):	
			Call OI:	
			After call ltr to OI:	
			Documentation Check List:	Handler
			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:	S\$	(days) Reduction:	%	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with	Email ☐ Call ☐	
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$			
Loss of Rental (LOR):	S\$	(days)		
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\$			
Medical:	S\$		1) Claim status: Normal/Reject/Private Settle	
Disbursement:	S\$	(e.g. Tow/ Independent)	2) Report Format:	
Legal Cost	S\$		3) Survey fee:	
Total:	S\$	Global Sum S\$:		
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐	
Payee 1:	S\$	Name 1:		
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		