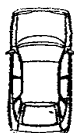


ASSIGNMENTSurveyor: KENNETHDOI: 18/05/2020Date / Time : 12/05/2020Registered in Merimen: 12/05/2020**Pre-assign / CCU / FTE**Insured Vehicle No. : SJN 1307SClaim No. : 4548915028SGName of Insured : JUMAAT BIN YUSOFPolicy No. : 2070011750Insured Tel No. : _____ HP: 97970060Make / Model : TOYOTA VIOSExcess Sec II : \$ _____ D.O.A : 06/05/2020Place of Accident : SEMBAWANG RD TWDS GAMBAS AVEIs driver the owner? (YES / ☒ NO) Nature of Accident : _____If NO, Driver Name / Age : MAZALAN BIN YUSOFOI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NODriver Tel No. : 81614766 (V/L: ☒ YES / NO)Insured Liability : _____ % **Final ? Yes / No**SLX 993RINSRS: _____
WSP: CHENG HOE
Tel : MOTOR
Liability : _____
RMKS: _____INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____

Date/ Time		STAGE	DATE / PIC
	SLX 993R - NA/AIG20005669/h4 06/05/2020	Non-Reporting ltr (1st):	
	SJN 1307S - NA/AIG20005669/h4 06/05/2020	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)	☐ ☐
		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: KSC	
Repair Cost: L/S	\$S\$ 2,000.00 (2 days) Reduction: 29 %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 23.11.20 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\$ 2,140.00 OID REAR ENDED TP		
Loss of Rental (LOR):	\$S\$ - (_____ days)		
Loss of Use (LOU):	\$S\$ 160.00 (\$ 80 x 2 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\$ -	1) Claim status: Normal/Reject/Dispute/Settle	
Disbursement:	\$S\$ - (e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost	\$S\$ -	3) Survey fee: \$320	
Total:	\$S\$ 2,308.00 Global Sum S\$:		
FINAL PAYMENT	Date/Time: 23.11.20 Confirm with: JUNE	Email ☐ Call ☐	
Payee 1:	\$S\$ 2,308.00 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:		