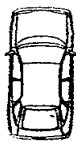
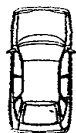
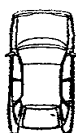


ASSIGNMENTSurveyor: STEVEDOI: 14/05/2020Date / Time : 13/05/2020Registered in Merimen: 13/05/2020**Pre-assign / CCU / FTE**Insured Vehicle No. : SMJ 2586GClaim No. : 2021745279SGName of Insured : LIM LYE HOEPolicy No. : 1900018906Insured Tel No. : _____ HP: 82281824Make / Model : KIA CERATOExcess Sec II : \$ _____ D.O.A : 05/05/2020Place of Accident : 140 BEDOK NORTH STREET 2Is driver the owner? (YES / ☒ NO) Nature of Accident : _____If NO, Driver Name / Age : LIM WEI JIE SHAYNOI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NODriver Tel No. : 97548841 (V/L: ☒ YES / NO)Insured Liability : _____ % **Final ? Yes / No**GBJ 9040ZINSRS:
WSP: EFFICIENT
Tel : MOTOR &
Liability : ENGINEERING
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	GBJ 9040Z - X	STAGE	DATE / PIC
		Non-Reporting ltr (1st):	
	SMJ 2586G - X	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: <u>CTY</u>
Repair Cost: <u>L/S</u>	\$S <u>2,200.00</u>	(<u>4</u> days) Reduction: <u>68</u> %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: <u>03.12.20</u>	Confirm with: <u>JESSIE</u>	Email ☐ Call ☐
Final Liability:	% <u>100</u>	(Agreed / Assessed) BOLA S/N No. : <u>NIL</u>	If NO or B 28, Ass. Lia :
Repair Cost: <u>w/GST</u>	\$S <u>2,354.00</u>	<u>OID REVERSED AND HIT TP PARKED VEH</u>	
Loss of Rental (LOR):	\$S <u>-</u>	(_____ days)	
Loss of Use (LOU):	\$S <u>320.00</u>	(\$ <u>80</u> x <u>4</u> days)	
Loss of Income (LOI):	\$S <u>-</u>	(\$ _____ x _____ days)	
LOR only ☐ LOU only ☒	LOR + LOU ☐ LOR + LOI ☐	[Tick only one]	
GIA/LTA Search	\$S <u>2.00</u>		
Medical:	\$S <u>-</u>	1) Claim status: Normal/ Reject/Private Settle	
Disbursement:	\$S <u>-</u>	(e.g. Tow/ Independent)	2) Report Format: <u>TP</u>
Legal Cost	\$S <u>-</u>		3) Survey fee: <u>\$320</u>
Total:	\$S <u>2,676.00</u>	Global Sum \$S:	
FINAL PAYMENT	Date/Time: <u>03.12.20</u>	Confirm with: <u>JESSIE</u>	Email ☐ Call ☐
Payee 1:	\$S <u>2,676.00</u>	Name 1:	<u>EFFICIENT MOTOR & ENGINEERING WORKS PTE LTD</u>
Payee 2: (Strike if N.A.)	\$S	Name 2:	
Payee 3: (Strike if N.A.)	\$S	Name 3:	