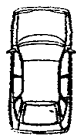


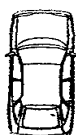
ASSIGNMENTSurveyor: KENNETHDOI: 26/05/2020Date / Time : 26/05/2020Registered in Merimen: 26/05/2020**Pre-assign / CCU / FTE**

Insured Vehicle No. : SLJ 6832G
 Name of Insured : KO THONG POO
 Insured Tel No. : _____ HP: _____
 Excess Sec II :\$ _____ D.O.A : 21/05/2020
 Is driver the owner? (YES / NO) Nature of Accident : _____

Claim No. : 7441891701SG
 Policy No. : 2100494440
 Make / Model : SUBARU NEW FORESTER
 Place of Accident : BLK 554 ANG MO KIO AVENUE 10 CARPARK

If **NO**, Driver Name / Age : SOO EE LING (SU YINING)Driver Tel No. : 90012722(V/L: YES / NO)OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NOInsured Liability : _____ % **Final ? Yes / No****SCW 2009G**

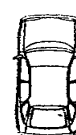
INSRS:
WSP: CITY AUTO
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SCW 2009G - NA/AIG20005890/Y ; 21/05/2020	STAGE DATE / PIC
		Non-Reporting ltr (1st):
	SLJ 6832G - NA/AIG20005890/Y ; 21/05/2020	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: ☐ ☐
05/02/2021	SETTLED AND CLOSED / NO PHY FILE	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: <u>L/S</u>	S\$ <u>3,950.00</u> (<u>5</u> days) Reduction: <u>49.82</u> %	Email ☒ Call ☐
FINAL SETTLEMENT	Date/Time: <u>04/02/2021</u> Confirm with: <u>VRONICA</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: (W/GST)	S\$ <u>4,226.50</u>	
Loss of Rental (LOR):	S\$ _____ (_____ days)	OI FROM STOP LINE
Loss of Use (LOU):	S\$ <u>600.00</u> (\$ <u>100</u> x <u>6</u> days)	
Loss of Income (LOI):	S\$ _____ (\$ _____ x _____ days)	
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]		
GIA/LTA Search	S\$ <u>2.00</u>	
Medical:	S\$ _____	1) Claim status: <u>Normal/Reject/Private Settle</u>
Disbursement:	S\$ _____ (e.g. Tow/ Independent)	2) Report Format: <u>TP</u>
Legal Cost	S\$ _____	3) Survey fee: <u>\$320.00</u>
Total:	S\$ <u>4,828.50</u> Global Sum S\$: <u>4,700.00</u>	
FINAL PAYMENT	Date/Time: _____ Confirm with: _____ Email ☐ Call ☐	
Payee 1:	S\$ <u>4,700.00</u> Name 1: <u>CITY AUTO PTE LTD</u>	
Payee 2: (Strike if N.A.)	S\$ _____ Name 2: _____	
Payee 3: (Strike if N.A.)	S\$ _____ Name 3: _____	