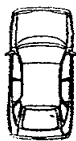


ASSIGNMENT

Surveyor:

RASULDOI: **22/07/2020**Date / Time : **21/07/2020**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **GBB 7825G**Claim No. : **19/20/20/VC05/023479**Name of Insured : **IMPERIAL CLEANING SERVICES PTE LTD**Policy No. : **Z19VC05003410**

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **20/07/2020 13:30**Place of Accident : **JUNCTION OF PIONEER ROAD & TUAS AVENUE 20**

Is driver the owner? (YES / NO) Nature of Accident : _____

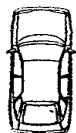
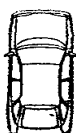
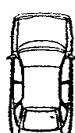
If **NO**, Driver Name / Age : **LOH SIANG YAM**

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : _____

(V/L: YES / NO)

Insured Liability : _____ %

Final ? Yes / No**SMK1699R**INSRS:
WSP: **KAH MOTOR**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

| Date/ Time | SMK 1699R - X | GBB 7825G - X | STAGE | DATE / PIC |
|--|---|------------------------|---|------------------------------|
| | | | Non-Reporting ltr (1st): | |
| | | | Non-Reporting ltr (2nd): | |
| | | | Non-Reporting ltr (Final): | |
| | | | Notification ltr (if non-pickup): | |
| | | | Call OI: | |
| | | | After call ltr to OI: | |
| 17/11/2020 | Pls refer to VIEWS for details. | | Documentation Check List: | Handler Typist |
| | | | Notification ltr (if non-pickup) | <input type="checkbox"/> |
| | | | After call ltr to OI: | <input type="checkbox"/> |
| | | | Authorisation To Act: | <input type="checkbox"/> |
| | | | Release Voucher: | <input type="checkbox"/> |
| | | | Final Repair Bill: | <input type="checkbox"/> |
| | | | Car Rental Invoice: | <input type="checkbox"/> |
| | | | Towing Invoice | <input type="checkbox"/> |
| | | | LTA / GIA : | <input type="checkbox"/> |
| | | | Medical Bill: | <input type="checkbox"/> |
| | | | PIR: | <input type="checkbox"/> |
| | | | Mandate/Reject Instruction: | <input type="checkbox"/> |
| | | | LOD | <input type="checkbox"/> |
| | | | Payment Breakdown Form: | <input type="checkbox"/> |
| PRELIMINARY ADVICE | Date/Time: | Sent By: | Post-Repair Photos: | <input type="checkbox"/> |
| | | | Others: | <input type="checkbox"/> |
| FINALIZATION | Date/Time: | Confirm with: | Confirm by: | |
| Repair Cost: P/P | S\$ 20,913.69 (16 days) Reduction: 20 % | | Email <input type="checkbox"/> Call <input type="checkbox"/> | |
| FINAL SETTLEMENT | Date/Time: 17/11/2020 Confirm with Desmond | | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> | |
| Final Liability: | % 100 (Agreed / Assessed) BOLA S/N No. : NIL | | If NO or B 28, Ass. Lia : | |
| Repair Cost: W/GST | S\$ 22,377.65 | | | |
| Loss of Rental (LOR): | S\$ (days) | | | |
| Loss of Use (LOU): | S\$ 960.00 (\$ 60 x 16 days) | | | |
| Loss of Income (LOI): | S\$ (\$ x 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\$ | | | |
| Medical: | S\$ | | 1) Claim status: Normal/Reject/Private Settlement | |
| Disbursement: | S\$ (e.g. Tow/ Independent) | | 2) Report Format: TP | |
| Legal Cost | S\$ | | 3) Survey fee: \$400.00 | |
| Total: | S\$ 23,337.65 | Global Sum S\$: | | |
| FINAL PAYMENT | Date/Time: | Confirm with: | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> | |
| Payee 1: | S\$ 23,337.65 | Name 1: | KAH MOTOR CO SDN BERHAD | |
| Payee 2: (Strike if N.A.) | S\$ | Name 2: | | |
| Payee 3: (Strike if N.A.) | S\$ | Name 3: | | |