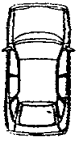


ASSIGNMENTSurveyor: **BRYAN**

DOI: _____

Date / Time : **26/08/2020**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **SKE 6934J**Claim No. : **S0M02QLH**Name of Insured : **HANAFI BIN HANIF**Policy No. : **P1503877**

Insured Tel No. : _____ HP: _____

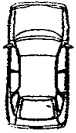
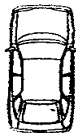
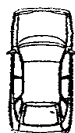
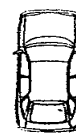
Make / Model : **CHEVROLET CRUZE-1.6 (A)**Excess Sec II :\$ _____ D.O.A : **10/07/2020 22:30**Place of Accident : **JUNCTION BEDOK NORTH AND CHAI CHEE STREET**

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

If NO, Driver Name / Age : _____

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

Driver Tel No. : _____ (V/L: YES / NO)

Insured Liability : _____ % **Final ? Yes / No****FBD 8818K**INSRS:
WSP: **S9 Motor Trading**
Tel : **Pte Ltd**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

| Date/ Time | | STAGE | DATE / PIC |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|--------------------------------------------------------------|
| | FBD 8818K - X | Non-Reporting ltr (1st): | |
| | SKE 6934J - CC4/AXA15011145/M1ua3s2 ; 24.06.2015 | 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) | <input type="checkbox"/> <input type="checkbox"/> |
| | | After call ltr to OI: | <input checked="" type="checkbox"/> <input type="checkbox"/> |
| | | Authorisation To Act: | <input checked="" type="checkbox"/> <input type="checkbox"/> |
| | | Release Voucher: | <input checked="" type="checkbox"/> <input type="checkbox"/> |
| | | Final Repair Bill: | <input checked="" type="checkbox"/> <input type="checkbox"/> |
| | | Car Rental Invoice: | <input type="checkbox"/> <input type="checkbox"/> |
| | | Towing Invoice | <input checked="" type="checkbox"/> <input type="checkbox"/> |
| | | LTA / GIA : | <input type="checkbox"/> <input type="checkbox"/> |
| | | Medical Bill: | <input type="checkbox"/> <input type="checkbox"/> |
| | | PIR: | <input type="checkbox"/> <input type="checkbox"/> |
| | | Mandate/Reject Instruction: | <input checked="" type="checkbox"/> <input type="checkbox"/> |
| | | LOD | <input checked="" type="checkbox"/> <input type="checkbox"/> |
| | | Payment Breakdown Form: | <input type="checkbox"/> <input type="checkbox"/> |
| | | Post-Repair Photos: | <input type="checkbox"/> <input type="checkbox"/> |
| | | Others: | <input type="checkbox"/> <input type="checkbox"/> |
| PRELIMINARY ADVICE | Date/Time: _____ Sent By: _____ | | |
| FINALIZATION | Date/Time: _____ Confirm with: _____ Confirm by: _____ | | |
| Repair Cost: L/S | S\$ 3,500.00 (5 days) Reduction: 49.21 % | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> | |
| FINAL SETTLEMENT | Date/Time: 23/02/2021 Confirm with LINDA | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> | |
| Final Liability: | % 80 (Agreed / Assessed) BOLA S/N No. : 5 | If NO or B 28, Ass. Lia : | |
| Repair Cost: 3,100.00 | S\$ 2,480.00 | | |
| Loss of Rental (LOR): | S\$ _____ (_____ days) | | |
| Loss of Use (LOU): 100.00 | S\$ 80 (\$ 20 x 5 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\$ _____ | | |
| Disbursement: 35.00 | S\$ 28.00 (e.g. Tow/ Independent) | 1) Claim status: Normal/Reject/Private Settle | |
| Legal Cost | S\$ _____ | 2) Report Format: TP | |
| Total: \$3,235.00 | S\$ 2,588.00 Global Sum S\$: 2,800.00 | 3) Survey fee: \$350.00 | |
| FINAL PAYMENT | Date/Time: _____ Confirm with: _____ Email <input type="checkbox"/> Call <input type="checkbox"/> | | |
| Payee 1: | S\$ 2,800.00 Name 1: S9 98 MOTOR PTE LTD | | |
| Payee 2: (Strike if N.A.) | S\$ _____ Name 2: _____ | | |
| Payee 3: (Strike if N.A.) | S\$ _____ Name 3: _____ | | |