

INS. CASE OWNER:

CC 4 / AIG 2000 9078 / Ads3

LKK:

IDAC:

## ASSIGNMENT

Surveyor:

Adrian

DOI:

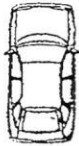
28/08/2020

Date / Time :

27/08/2020

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : **GZ 2509S**  
 Name of Insured : **Advance Canvas Industries Pte Ltd**  
 Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_  
 Excess Sec II : \$S \_\_\_\_\_ D.O.A : \_\_\_\_\_  
 Is driver the owner? ( YES / NO ) Nature of Accident : \_\_\_\_\_

Claim No. : \_\_\_\_\_  
 Policy No. : \_\_\_\_\_  
 Make / Model : \_\_\_\_\_  
 Place of Accident : \_\_\_\_\_

If NO, Driver Name / Age :

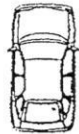
Driver Tel No. :

(V/L: YES / NO )

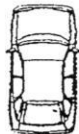
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % Final ? Yes / No

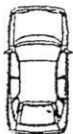
SJM 2910Z



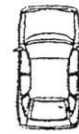
INSRS:  
 WSP: **STK AUTO**  
 Tel : \_\_\_\_\_  
 Liability : \_\_\_\_\_  
 RMKS: \_\_\_\_\_



INSRS:  
 WSP: \_\_\_\_\_  
 Tel : \_\_\_\_\_  
 Liability : \_\_\_\_\_  
 RMKS: \_\_\_\_\_



INSRS:  
 WSP: \_\_\_\_\_  
 Tel : \_\_\_\_\_  
 Liability : \_\_\_\_\_  
 RMKS: \_\_\_\_\_



INSRS:  
 WSP: \_\_\_\_\_  
 Tel : \_\_\_\_\_  
 Liability : \_\_\_\_\_  
 RMKS: \_\_\_\_\_

| Date/ Time                                                                                                                                                           | STAGE                                          | DATE / PIC                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------------------------------------|
|                                                                                                                                                                      | SJM 2910Z : X ; GZ 2509S : X                   |                                                                         |
| 31/08/2020                                                                                                                                                           | - OINR *** SENT OUT FIRST NON-REPORTING LETTER |                                                                         |
|                                                                                                                                                                      | Non-Reporting ltr (1st):                       |                                                                         |
|                                                                                                                                                                      | 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 type="checkbox"/> <input type="checkbox"/>                       |
|                                                                                                                                                                      | Release Voucher:                               | <input checked="" type="checkbox"/> <input type="checkbox"/>            |
|                                                                                                                                                                      | Final Repair Bill:                             | <input type="checkbox"/> <input type="checkbox"/>                       |
|                                                                                                                                                                      | Car Rental Invoice:                            | <input type="checkbox"/> <input type="checkbox"/>                       |
|                                                                                                                                                                      | Towing Invoice:                                | <input 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 type="checkbox"/> <input type="checkbox"/>                       |
|                                                                                                                                                                      | LOD                                            | <input type="checkbox"/> <input type="checkbox"/>                       |
|                                                                                                                                                                      | Payment Breakdown Form:                        | <input type="checkbox"/> <input type="checkbox"/>                       |
|                                                                                                                                                                      | Post-Repair Photos:                            | <input type="checkbox"/> <input type="checkbox"/>                       |
|                                                                                                                                                                      | Others: Deregistered letter                    | <input checked="" type="checkbox"/> <input type="checkbox"/>            |
| PRELIMINARY ADVICE Date/Time:                                                                                                                                        | Sent By:                                       |                                                                         |
| FINALIZATION Date/Time:                                                                                                                                              | Confirm with:                                  | Confirm by:                                                             |
| Repair Cost: S\$ 8,000.00 ( days) Reduction: %                                                                                                                       |                                                | Email <input type="checkbox"/> Call <input type="checkbox"/>            |
| FINAL SETTLEMENT Date/Time: 30/09/2020 Confirm with: PENG YICHENG                                                                                                    |                                                | 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: (Total loss) S\$ 8,000.00                                                                                                                               |                                                |                                                                         |
| Loss of Rental (LOR): S\$ - ( days)                                                                                                                                  |                                                |                                                                         |
| Loss of Use (LOU): S\$ 1,680.00 (\$ 80 x 21 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 <del>Reject Private Sumi</del>                  |
| Disbursement: S\$ - (e.g. Tow/ Independent )                                                                                                                         |                                                | 2) Report Format: TP                                                    |
| Legal Cost S\$ -                                                                                                                                                     |                                                | 3) Survey fee: \$320                                                    |
| Total: S\$ 9,680.00 Global Sum S\$:                                                                                                                                  |                                                |                                                                         |
| FINAL PAYMENT Date/Time:                                                                                                                                             | Confirm with:                                  | Email <input type="checkbox"/> Call <input type="checkbox"/>            |
| Payee 1: S\$ 9,680.00 Name 1: PENG YICHENG                                                                                                                           |                                                |                                                                         |
| Payee 2: (Strike if N.A.) S\$ Name 2:                                                                                                                                |                                                |                                                                         |
| Payee 3: (Strike if N.A.) S\$ Name 3:                                                                                                                                |                                                |                                                                         |