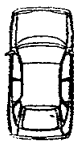


ASSIGNMENTSurveyor: **STEVE**DOI: **28/08/2020**Date / Time : **01/09/2020***** LKK SURVEY BEFORE
AXA GV ASSIGNMENT.Registered in Merimen: **—****Pre-assign / CCU / FTE**Insured Vehicle No. : **XE 2740Z**Claim No. : **S0M02SX1**Name of Insured : **GKE EXPRESS LOGISTICS PTE LTD**Policy No. : **GA533819**

Insured Tel No. : _____ HP: _____

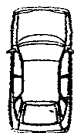
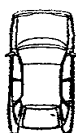
Make / Model : **SCANIA P400LA-12.7 D 4X2 MSZ (M)****Excess Sec II :S\$** _____ D.O.A : **25/08/2020 17:10**Place of Accident : **BUKIT BATOK ST 34**

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

If NO, Driver Name / Age : **TEH CHAR LAY**

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

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

Insured Liability : % **Final ? Yes / No****SJY 9352A**INSRS:
WSP: **AUBURN AUTO**
Tel : **PTE LTD**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	XE 2740Z - X	SJY 9352A - 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:	
			Documentation Check List:	Handler
				Typist
			Notification ltr (if non-pickup)	☐
			After call ltr to OI:	☐
			Authorisation To Act:	☐
			Release Voucher:	☐
			Final Repair Bill:	☐
01/02/2021	10 DAYS NOTICE SEND TP PREVIOUSLY. TILL DATE NO RESPONSE		Car Rental Invoice:	☐
	SUBMIT WP, ADMIN TO CLOSE		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:	
Repair Cost: LIMIT	S\$ 1900.00	(6 days) Reduction:	\$18,540.00 % 91	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with SAM	Email ☐ Call ☐	
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 15	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$			
Loss of Rental (LOR):	S\$	(days)		
Loss of Use (LOU):	S\$	(\$ x days)		
Loss of Income (LOI):	S\$	(\$ x days)		
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]				
GIA/LTA Search	S\$			
Medical:	S\$		1) Claim status: Normal/Reject/Private Settle	
Disbursement:	S\$	(e.g. Tow/ Independent)	2) Report Format:	WP
Legal Cost	S\$		3) Survey fee:	\$250.00
Total:	S\$	Global Sum S\$:		
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐	
Payee 1:	S\$	Name 1:		
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		