

INS. CASE OWNER:

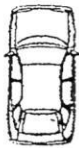
CC 4 / AIG 2000 9735 / Aes3

LKK:  
IDAC:

## ASSIGNMENT

Surveyor: AdrianDOI: 14/09/2020Date / Time : 11/09/2020Registered in Merimen: 11/09/2020

Pre-assign / CCU / FTE

Insured Vehicle No. : GBJ 4356X

Claim No. : \_\_\_\_\_

Name of Insured : COLD SOLUTIONS PTE LTD

Policy No. : \_\_\_\_\_

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

Make / Model : \_\_\_\_\_

Excess Sec II : \$\$ D.O.A : 10/09/2020

Place of Accident : \_\_\_\_\_

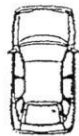
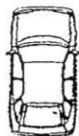
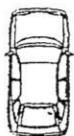
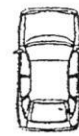
Is driver the owner? ( YES / ☒ NO ) Nature of Accident : \_\_\_\_\_

If NO, Driver Name / Age : \_\_\_\_\_

OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NODriver Tel No. : \_\_\_\_\_ (V/L: ☒ YES / NO )

Insured Liability : \_\_\_\_\_ % Final ? Yes / No

SJM 7143M

INSRS:  
WSP: VISION  
Tel: AUTOWORK  
Liability :  
RMKS:INSRS:  
WSP:  
Tel:  
Liability :  
RMKS:INSRS:  
WSP:  
Tel:  
Liability :  
RMKS:INSRS:  
WSP:  
Tel:  
Liability :  
RMKS:

| Date / Time                                                                    | SJM 7143M : X ; GBJ 4356X : 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)                  | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                |                                    |                                                    | After call ltr to OI:                             | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                |                                    |                                                    | Authorisation To Act:                             | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                |                                    |                                                    | Release Voucher:                                  | <input 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:                                           | <input type="checkbox"/> <input type="checkbox"/> |
| PRELIMINARY ADVICE                                                             | Date/Time:                         | Sent By:                                           |                                                   |                                                   |
| FINALIZATION                                                                   | Date/Time:                         | Confirm with:                                      | Confirm by: <u>LWP</u>                            |                                                   |
| Repair Cost:                                                                   | <u>L/S</u> \$S <u>11,000.00</u>    | ( <u>13</u> days) Reduction: <u>72</u> %           | Email <input type="checkbox"/>                    | Call <input type="checkbox"/>                     |
| FINAL SETTLEMENT                                                               | Date/Time: <u>11.12.20</u>         | Confirm with: <u>MICHELLE</u>                      | Email <input type="checkbox"/>                    | Call <input type="checkbox"/>                     |
| Final Liability:                                                               | % <u>100</u>                       | (Agreed / Assessed) BOLA S/N No. : <u>27</u>       | If NO or B 28, Ass. Lia :                         |                                                   |
| Repair Cost:                                                                   | <u>w/GST</u> \$S <u>11,770.00</u>  | <u>OID REAR ENDED TP</u>                           |                                                   |                                                   |
| Loss of Rental (LOR):                                                          | \$S <u>1,600.00</u>                | ( <u>16</u> days) X \$100                          |                                                   |                                                   |
| Loss of Use (LOU):                                                             | \$S -                              | ( \$ x days)                                       |                                                   |                                                   |
| Loss of Income (LOI):                                                          | \$S -                              | ( \$ x days)                                       |                                                   |                                                   |
| LOR only <input checked="" type="checkbox"/> LOU only <input type="checkbox"/> | LOR + LOU <input type="checkbox"/> | LOR + LOI <input type="checkbox"/> [Tick only one] |                                                   |                                                   |
| GIA/LTA Search                                                                 | \$S <u>36.45</u>                   |                                                    |                                                   |                                                   |
| Medical:                                                                       | \$S -                              |                                                    | 1) Claim status: Normal/Reject/Private Settlement |                                                   |
| Disbursement:                                                                  | \$S <u>60.00</u>                   | (e.g. Tow/Independent)                             | 2) Report Format: <u>TP</u>                       |                                                   |
| Legal Cost                                                                     | \$S -                              |                                                    | 3) Survey fee: <u>\$320</u>                       |                                                   |
| Total:                                                                         | \$S <u>13,466.45</u>               | Global Sum \$S: <u>13,460.00</u>                   |                                                   |                                                   |
| FINAL PAYMENT                                                                  | Date/Time: <u>11.12.20</u>         | Confirm with: <u>MICHELLE</u>                      | Email <input type="checkbox"/>                    | Call <input type="checkbox"/>                     |
| Payee 1:                                                                       | \$S <u>13,460.00</u>               | Name 1: <u>VISION AUTOWORK PTE LTD</u>             |                                                   |                                                   |
| Payee 2: (Strike if N.A.)                                                      | \$S                                | Name 2:                                            |                                                   |                                                   |
| Payee 3: (Strike if N.A.)                                                      | \$S                                | Name 3:                                            |                                                   |                                                   |