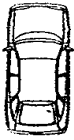


ASSIGNMENTSurveyor: KennethDOI: 22/09/2020Date / Time : 21/09/2020Registered in Merimen: 21/09/2020**Pre-assign / CCU / FTE**Insured Vehicle No. : SMH 292C

Claim No. : _____

Name of Insured : TAY JIN HWEE

Policy No. : _____

Insured Tel No. : _____ HP: _____

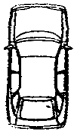
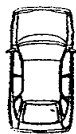
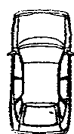
Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 16/09/2020

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****SKA 783M**INSRS:
WSP: WEI LEE
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SKA 783M : X ; SMH 292C : 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
			Notification ltr (if non-pickup)	☐
			After call ltr to OI:	☐
			Authorisation To Act:	☐
			Release Voucher:	☐
			Final Repair Bill:	☐
			Car Rental Invoice:	☐
			Towing Invoice	☐
			LTA / GIA :	☐
			Medical Bill:	☐
			PIR:	☐
			Mandate/Reject Instruction:	☐
			LOD	☐
			Payment Breakdown Form:	☐
			Post-Repair Photos:	☐
			Others:	☐
PRELIMINARY ADVICE	Date/Time:	Sent By:		
FINALIZATION	Date/Time:	Confirm with:	Confirm by:	
Repair Cost:	<u>L/S</u> S\$ <u>900.00</u>	(<u>2</u> days) Reduction:	<u>59</u> %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: <u>18.11.20</u>	Confirm with <u>KAREN</u>	Email ☐	Cal ☐
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>963.00</u>	<u>OI REAR ENDED TP</u>		
Loss of Rental (LOR):	S\$ -	(_____ days)		
Loss of Use (LOU):	S\$ <u>120.00</u>	(\$ <u>60</u> x <u>2</u> days)		
Loss of Income (LOI):	S\$ -	(\$ _____ x _____ days)		
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LO ☒	[Tick only one]			
GIA/LTA Search	S\$ <u>7.45</u>			
Medical:	S\$ -	1) Claim status: Normal/ Reject/Private Settle		
Disbursement:	S\$ -	(e.g. Tow/ Independent)	2) Report Format: <u>TP</u>	
Legal Cost	S\$ -	3) Survey fee: <u>\$320</u>		
Total:	S\$ <u>1,090.45</u>	Global Sum S\$:		
FINAL PAYMENT	Date/Time: <u>18.11.20</u>	Confirm with: <u>KAREN</u>	Email ☐	Cal ☐
Payee 1:	S\$ <u>1,090.45</u>	Name 1:	<u>WEI LEE MOTOR WORKS</u>	
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		