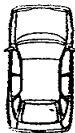
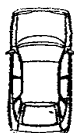


ASSIGNMENTSurveyor: ADRIANDOI: 25/09/2020Date / Time : 24/09/2020Registered in Merimen: 24/09/2020**Pre-assign / CCU / FTE**Insured Vehicle No. : SBU 1838JClaim No. : 2695934832SGName of Insured : CHEE YUH MINPolicy No. : 1900161779

Insured Tel No. : _____ HP: _____

Make / Model : VOLVO S90-2.0 T6 INSCRIPTION AT SR (A)Excess Sec II : \$ _____ D.O.A : 23/09/2020 13:30Place of Accident : T-JUNCTION OF XILIN AVE & CHANGI SOUTH AVE 1Is driver the owner? (YES / ☒ NO) Nature of Accident : _____If NO, Driver Name / Age : CHEE KENG JINOI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NODriver Tel No. : +65-82238687 (V/L: ☒ YES / NO)Insured Liability : _____ % **Final ? Yes / No****SDP 1948C**INSRS:
WSP: **DYNAMIC AUTOWORK**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SDP 1948C - X		
	SBU 1838J - CC3/AIG14009137/Rqm3q2 ; 15/05/2014	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:	☐ ☐
		Car Rental Invoice:	☐ ☐
		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: L/SUM	\$S\$ 16,000.00 (10 days) Reduction: 67 %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 05.01.2020 Confirm with MICHELLE	Email ☒ Call ☐	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 5	If NO or B 28, Ass. Lia :	
Repair Cost: w/GST	\$S\$ 17,120.00		
Loss of Rental (LOR):	\$S\$ 1,690.00 (13 days) x \$130.00)		
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\$ 36.45		
Medical:	\$S\$	1) Claim status: Normal/ Reject/Private Settle	
Disbursement:	\$S\$ 60.00 (e.g. ☒ Tow Independent)	2) Report Format: TP	
Legal Cost	\$S\$	3) Survey fee: 320.00	
Total:	\$S\$ 18,906.45 Global Sum \$S\$:		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email ☐ Call ☐	
Payee 1:	\$S\$ 18,906.45 Name 1: DYNAMIC AUTOWORK PTE LTD		
Payee 2: (Strike if N.A.)	\$S\$ Name 2:		
Payee 3: (Strike if N.A.)	\$S\$ Name 3:		