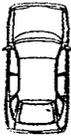


**ASSIGNMENT CC4/AIG20010267/Kpa3**

Surveyor: Kenneth DOI: 25/09/2020 Date / Time : 24/09/2020  
 Registered in Merimen: 24/09/2020

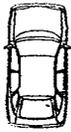
**Pre-assign / CCU / FTE**



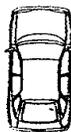
Insured Vehicle No. : SGT 6883R Claim No. : 9801100772SG  
 Name of Insured : Chee Cheok Kwan Policy No. : 1900015988  
 Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_ Make / Model : \_\_\_\_\_  
**Excess Sec II :S\$** \_\_\_\_\_ D.O.A : 21/09/2020 Place of Accident : \_\_\_\_\_  
 Is driver the owner? ( YES / NO ) Nature of Accident : \_\_\_\_\_

If NO, Driver Name / Age : \_\_\_\_\_ OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO  
 Driver Tel No. : \_\_\_\_\_ (V/L: YES / NO ) Insured Liability : % **Final ? Yes / No**

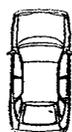
**SFN 4887L**



INSRS: \_\_\_\_\_  
 WSP: K.KIM HIN  
 Tel : \_\_\_\_\_  
 Liability : \_\_\_\_\_  
 RMKS: \_\_\_\_\_



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



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



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

| Date/ Time   |  | STAGE   | DATE / PIC  |
|--|--|---|---|
|  | SFN 4887L : CC6/AIG16002917/Apb3q2 ; DOA : 07/10/2015                                | Non-Reporting ltr (1st):  |   |
|  | SGT 6883R : X  | Non-Reporting ltr (2nd):  |   |
| 29/09/2020   | - OINR *** SENT OUT FIRST NON-REPORTING LETTER                                       | Non-Reporting ltr (Final):  |   |
|  |  | Notification ltr (if non-pickup):                                       |   |
|  |  | Call OI:  |   |
|  |  | After call ltr to OI:   |   |
|  |  | <b>Documentation Check List: Handler Typist</b>                         |   |
|  |  | 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"/>                          |
| <b>PRELIMINARY ADVICE</b>  | Date/Time: _____ Sent By: _____  | Post-Repair Photos:   | <input type="checkbox"/> <input type="checkbox"/> |
|  |  | Others:   | <input type="checkbox"/> <input type="checkbox"/> |
| <b>FINALIZATION</b>  | Date/Time: _____ Confirm with: _____   | Confirm by:   |   |
| Repair Cost: <u>L/sum</u>  | S\$ <u>14,950.00</u> ( <u>14</u> days) Reduction: <u>51</u> %                        | Email <input type="checkbox"/> Call <input type="checkbox"/>            |   |
| <b>FINAL SETTLEMENT</b>  | Date/Time: <u>24/06/2022</u> Confirm with <u>Carin</u>                               | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> |   |
| Final Liability:   | % <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>NIL</u>                           | If NO or B 28, Ass. Lia :   |   |
| Repair Cost: <u>w/GST</u>  | S\$ <u>15,996.50</u>   |   |   |
| Loss of Rental (LOR):  | S\$ _____ ( _____ days)  |   |   |
| Loss of Use (LOU):   | S\$ <u>2,100.00</u> (\$ <u>150</u> x <u>14</u> 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 + LO <input type="checkbox"/> [Tick only one] |   |   |
| GIA/LTA Search   | S\$ <u>2.00</u>  |   |   |
| Medical:   | S\$ _____  | 1) Claim status: Normal/ <del>Reject/Private Settle</del>               |   |
| Disbursement:  | S\$ _____ (e.g. Tow/ Independent )   | 2) Report Format: <u>TP</u>   |   |
| Legal Cost   | S\$ _____  | 3) Survey fee: <u>\$320.00</u>  |   |
| <b>Total:</b>  | S\$ <u>18,098.50</u> <b>Global Sum S\$: 18,000.00</b>                                |   |   |
| <b>FINAL PAYMENT</b>   | Date/Time: _____ Confirm with: _____   | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> |   |
| Payee 1:   | S\$ <u>18,000.00</u> Name 1: <u>K.Kim Hin Auto Pte Ltd</u>                           |   |   |
| Payee 2: (Strike if N.A.)  | S\$ _____ Name 2: _____  |   |   |
| Payee 3: (Strike if N.A.)  | S\$ _____ Name 3: _____  |   |   |