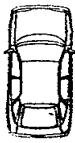


ASSIGNMENTSurveyor: **STEVE**

DOI: _____

Date / Time : **28/9/2020**Registered in Merimen: **28/9/2020****Pre-assign / CCU / FTE**Insured Vehicle No. : **GBD 4537Y**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **25/09/2020 11:50**Place of Accident : **CTE UPPER BUKIT TIMAH EXIT**

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****GBD 4537Y****SKF 6182G****SLQ 2086H**INSRS:
WSP: **WEARNES**
Tel :
Liability :
RMKS: **OI**INSRS:
WSP:
Tel :
Liability :
RMKS: **TP**INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SKF 6182G - CS/EGI17019785/Aqbn2 - 12/10/2017	Non-Reporting ltr (1st):	
	GBD 4537Y - X	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	☐ ☐
11/05/2021	SETTLED AND CLOSED / NO PHY FILE	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: P/P	S\$ 28,665.08 (12 days) Reduction: 37.90 %	Email ☒ Call ☐	
FINAL SETTLEMENT	Date/Time: 10/05/2021 Confirm with Suhaimi	Email ☒ Call ☐	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 100%	
Repair Cost: (W/GST)	S\$ 30,671.64		
Loss of Rental (LOR) (W/GST)	S\$ 1,669.20 (12 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\$		
Medical:	S\$ 254.15	1) Claim status: Normal/Reject/Private Settle	
Disbursement:	S\$ (e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost	S\$	3) Survey fee: \$600.00	
Total:	S\$ 32,594.99 Global Sum S\$:		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email ☐ Call ☐	
Payee 1:	S\$ 32,594.99 Name 1: WEARNES AUTOMOTIVE PTE LTD		
Payee 2: (Strike if N.A.)	S\$ Name 2:		
Payee 3: (Strike if N.A.)	S\$ Name 3:		