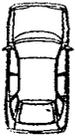


ASSIGNMENT

Surveyor: Adrian DOI: 13/10/2020 Date / Time : 08/10/2020

Registered in Merimen:

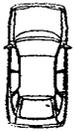
Pre-assign / CCU / FTE



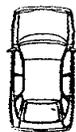
Insured Vehicle No. : PC 8721U Claim No. :
 Name of Insured : KIM TRANSPORT SOLUTION PTE LTD Policy No. :
 Insured Tel No. : HP: Make / Model :
Excess Sec II :S\$ D.O.A : 29/09/2020 Place of Accident :
 Is driver the owner? (YES / **NO**) Nature of Accident :

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**

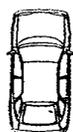
SJH 2897E



INSRS:
WSP: SM AUTOMOTIVE
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SJH 2897E : PC 8721U : <u>CC6/CTI20010746/Uda3 ; DOA : 29/09/2020</u>	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 checked="" type="checkbox"/> <input type="checkbox"/>
		Authorisation To Act:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Release Voucher:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Final Repair Bill:	<input checked="" 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 checked="" type="checkbox"/> <input type="checkbox"/>
		LOD	<input checked="" 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"/>
05/05/2021	SETTLED AND CLOSED / NO PHY FILE		

PRELIMINARY ADVICE Date/Time: Sent By: Post-Repair Photos:
 Others:

FINALIZATION Date/Time: Confirm with: Confirm by:
 Repair Cost: L/S S\$ 4,500.00 (6 days) Reduction: 60.64 % Email Call

FINAL SETTLEMENT Date/Time: 03/05/2021 Confirm with SUKYI CHONG Email Call
 Final Liability: 100 % 50 (Agreed / Assessed) BOLA S/N No. : NIL If NO or B 28, Ass. Lia :

Repair Cost: 4,500.00 S\$ 2,250.00
 Loss of Rental (LOR): S\$ (days)
 Loss of Use (LOU): 420.00 S\$ 210.00 (\$ 60 x 7 days)
 Loss of Income (LOI): S\$ (\$ x days)
 LOR only LOU only LOR + LOU LOR + LO **[Tick only one]**

GIA/LTA Search S\$
 Medical: S\$
 Disbursement: S\$ (e.g. Tow/ Independent)
 Legal Cost S\$
Total: S\$ 2,460.00 Global Sum S\$: 2,400.00

FINAL PAYMENT Date/Time: Confirm with: Email Call
 Payee 1: S\$ 2,400.00 Name 1: SM AUTOMOTIVE
 Payee 2: (Strike if N.A.) S\$ Name 2:
 Payee 3: (Strike if N.A.) S\$ Name 3:

1) Claim status: Normal/Reject/Private Settle
 2) Report Format: TP
 3) Survey fee: \$350.00