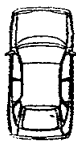


ASSIGNMENT

Surveyor:

KENNETHDOI: **22/10/2020**Date / Time : **20.10.2020**Registered in Merimen: **21.10.2020****Pre-assign / CCU / FTE**Insured Vehicle No. : **SKS 5167P**Claim No. : **9161038164SG**Name of Insured : **YE YUNSHENG**Policy No. : **2100409306**

Insured Tel No. : _____ HP: _____

Make / Model : **MERCEDES-BENZ C180****Excess Sec II :S\$** _____ D.O.A : **16/10/2020 22:00**Place of Accident : **FU LU SHOU COMPLEX BASEMENT 2 CARPARK**

Is driver the owner? (YES / NO) Nature of Accident : _____

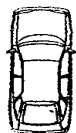
If NO, Driver Name / Age :

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

(V/L: YES / NO)

Insured Liability : %

Final ? Yes / No**SMF 3835C**INSRS:
WSP:
Tel :
Liability :
RMKS:**CARIS MOTOR SERVICE**INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time																																			
	SMF 3835C - X	SKS 5167P -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: <table border="1"> <thead> <tr> <th>Handler</th> <th>Typist</th> </tr> </thead> <tbody> <tr><td>Notification ltr (if non-pickup)</td><td><input type="checkbox"/></td></tr> <tr><td>After call ltr to OI:</td><td><input type="checkbox"/></td></tr> <tr><td>Authorisation To Act:</td><td><input type="checkbox"/></td></tr> <tr><td>Release Voucher:</td><td><input type="checkbox"/></td></tr> <tr><td>Final Repair Bill:</td><td><input type="checkbox"/></td></tr> <tr><td>Car Rental Invoice:</td><td><input type="checkbox"/></td></tr> <tr><td>Towing Invoice</td><td><input type="checkbox"/></td></tr> <tr><td>LTA / GIA :</td><td><input type="checkbox"/></td></tr> <tr><td>Medical Bill:</td><td><input type="checkbox"/></td></tr> <tr><td>PIR:</td><td><input type="checkbox"/></td></tr> <tr><td>Mandate/Reject Instruction:</td><td><input type="checkbox"/></td></tr> <tr><td>LOD</td><td><input type="checkbox"/></td></tr> <tr><td>Payment Breakdown Form:</td><td><input type="checkbox"/></td></tr> <tr><td>Post-Repair Photos:</td><td><input type="checkbox"/></td></tr> <tr><td>Others:</td><td><input type="checkbox"/></td></tr> </tbody> </table>	Handler	Typist	Notification ltr (if non-pickup)	<input type="checkbox"/>	After call ltr to OI:	<input type="checkbox"/>	Authorisation To Act:	<input type="checkbox"/>	Release Voucher:	<input type="checkbox"/>	Final Repair Bill:	<input type="checkbox"/>	Car Rental Invoice:	<input type="checkbox"/>	Towing Invoice	<input type="checkbox"/>	LTA / GIA :	<input type="checkbox"/>	Medical Bill:	<input type="checkbox"/>	PIR:	<input type="checkbox"/>	Mandate/Reject Instruction:	<input type="checkbox"/>	LOD	<input type="checkbox"/>	Payment Breakdown Form:	<input type="checkbox"/>	Post-Repair Photos:	<input type="checkbox"/>	Others:	<input type="checkbox"/>
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27/01/2021	Pls refer to VIEWS for details.																																		
PRELIMINARY ADVICE Date/Time:		Sent By:																																	
FINALIZATION Date/Time:		Confirm with:																																	
Repair Cost: P/P	S\$ 2,217.84 (2 days) Reduction: 46 %	Email <input type="checkbox"/> Call <input type="checkbox"/>																																	
FINAL SETTLEMENT Date/Time: 27/01/2021 Confirm with Sharin		Email <input type="checkbox"/> Call <input type="checkbox"/>																																	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 23	If NO or B 28, Ass. Lia :																																	
Repair Cost:	S\$ 2,217.84																																		
Loss of Rental (LOR):	S\$ (days)																																		
Loss of Use (LOU):	S\$ 120.00 (\$ 60 x 2 days)																																		
Loss of Income (LOI):	S\$ (\$ x days)																																		
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]																																			
GIA/LTA Search	S\$ 7.45																																		
Medical:	S\$	1) Claim status: Normal/Reject/Private Settle																																	
Disbursement:	S\$ (e.g. Tow/ Independent)	2) Report Format:																																	
Legal Cost	S\$	3) Survey fee:																																	
Total:	S\$ 2,345.29	Global Sum S\$:																																	
FINAL PAYMENT Date/Time:		Confirm with:																																	
Payee 1:	S\$ 2,345.29	Name 1:	Caris Autoworks Pte Ltd																																
Payee 2: (Strike if N.A.)	S\$	Name 2:																																	
Payee 3: (Strike if N.A.)	S\$	Name 3:																																	