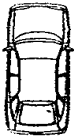


ASSIGNMENTSurveyor: KennethDOI: 04/11/2020Date / Time : 23/10/2020Registered in Merimen: 22/10/2020**Pre-assign / CCU / FTE**Insured Vehicle No. : SML 425R

Claim No. : _____

Name of Insured : CHEN XIAOYE

Policy No. : _____

Insured Tel No. : _____ HP: _____

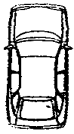
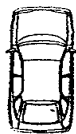
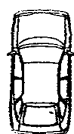
Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 21/10/2020

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 / NODriver Tel No. : _____ (V/L: ☒ YES / NO)Insured Liability : _____ % **Final ? Yes / No**SKA 3127MINSRS:
WSP: LIM TAN
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SKA 3127M : CC4/ASM19002499/Khb3q2 ; DOA : 28/01/2019	Non-Reporting ltr (1st):	
	SML 425R : 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	☐ ☐
<u>04/06/2021</u>	<u>SETTLED AND CLOSED / NO PHY FILE</u>	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: <u>P/P</u>	S\$ <u>760.00</u> (<u>3</u> days) Reduction: <u>30.91</u> %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: <u>01/06/2021</u> Confirm with <u>MANDY</u>	Email ☒ Call ☐	
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>15</u>	If NO or B 28, Ass. Lia :	
Repair Cost: (W/GST)	S\$ <u>813.20</u>		
Loss of Rental (LOR):	S\$ _____ (_____ days)		
Loss of Use (LOU):	S\$ <u>420.00</u> (\$ <u>140</u> x <u>3</u> days)		
Loss of Income (LOI):	S\$ _____ (\$ _____ x _____ days)		
LOR only ☐ LOU only ☒	LOR + LOU ☐ LOR + LO ☐ [Tick only one]		
GIA/LTA Search	S\$ <u>7.45</u>		
Medical:	S\$ _____		
Disbursement:	S\$ _____ (e.g. Tow/ Independent)		
Legal Cost	S\$ <u>1,240.65</u>		
Total:	S\$ <u>1,240.65</u> Global Sum S\$: <u>1,200.00</u>		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email ☐ Call ☐	
Payee 1:	S\$ <u>1,200.00</u> Name 1: <u>Lim Tan Motor Pte Ltd</u>		
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: \$320.00