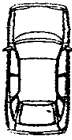


ASSIGNMENTSurveyor: KennethDOI: 16/11/2020Date / Time : 26/10/2020Registered in Merimen: 26/10/2020**Pre-assign / CCU / FTE**Insured Vehicle No. : SLZ 211D

Claim No. : _____

Name of Insured : YEW CHEE CHON

Policy No. : _____

Insured Tel No. : _____ HP: _____

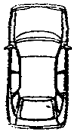
Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 22/10/2020

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****GBJ 9986U**INSRS:
WSP:
Tel : MBM WHEELPOWER
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	GBJ 9986U : X ; SLZ 211D : 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:	
19/03/2021	Pls refer to VIEWS for details.		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	☐ ☐
			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\$ 2,844.30	(3 days) Reduction: 45 %	Email ☐	Call ☐
FINAL SETTLEMENT Date/Time: 19/03/2021 Confirm with Ivy			Email ☐ Cal ☐	
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :	
Repair Cost: w/GST	S\$ 3,043.40			
Loss of Rental (LOR):	S\$ (days)			
Loss of Use (LOU):	S\$ 480.00 (\$120 x 4 days)			
Loss of Income (LOI):	S\$ (\$ x days)			
LOR only ☐ LOU only ☐ LOR + LOU ☐		[Tick only one]		
GIA/LTA Search	S\$ 2.00			
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\$ 3,525.40	Global Sum S\$: 3,500.00		
FINAL PAYMENT Date/Time: _____ Confirm with: _____			Email ☐ Cal ☐	
Payee 1:	S\$ 3,500.00	Name 1: MBM Wheelpower Pte Ltd		
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		