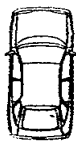


ASSIGNMENT

Surveyor:

ADRIANDOI: **29/10/2020**Date / Time : **28/10/2020**Registered in Merimen: **29/10/2020****Pre-assign / CCU / FTE**Insured Vehicle No. : **YP 2570C**

Claim No. :

Name of Insured : **COMMUNE LIFESTYLE PTE LTD**Policy No. : **2070071861**

Insured Tel No. : _____

HP: _____

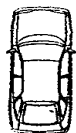
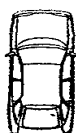
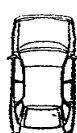
Make / Model : **MITSUBISHI CANTER FEB21ER4SDEB****Excess Sec II :S\$**D.O.A : **27/10/2020 15:15**Place of Accident : **CHIN SWEE ROAD**

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

If NO, Driver Name / Age : **CHEN ZENGLIANG**

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

Driver Tel No. : _____ (V/L: YES / NO)

Insured Liability : % **Final ? Yes / No****SJU 7178X****YP 2570C****YP 2222H**INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:**OI**INSRS:
WSP: **Dynamic Autowork**
Tel :
Liability :
RMKS: **TP**INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	YP 2222H	NA/LPG20011751/r3 ; 27.10.2020	STAGE
	YP 2507C		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: 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: L/S	S\$ \$11,000.00	(10 days) Reduction: \$32,480.69 % 75	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 06/04/2021	Confirm with ABBY	Email ☒ Call ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 0%
Repair Cost:	S\$ 11,770.00	W/GST	
Loss of Rental (LOR):	S\$ (days)		
Loss of Use (LOU):	S\$ 1,000.00 (\$ 100 x 10 days)		C.C (OI 2ND)
Loss of Income (LOI):	S\$ (\$ x days)		
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]			
GIA/LTA Search	S\$ 50.45		
Medical:	S\$		1) Claim status: ☒ Normal/Reject/Private Settle
Disbursement:	S\$ (e.g. Tow/ Independent)		2) Report Format: TP
Legal Cost	S\$		3) Survey fee: \$320.00
Total:	S\$ 12,820.45	Global Sum S\$:	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☒ Call ☐
Payee 1:	S\$ 12,820.45	Name 1: DYNAMIC AUTOWORK PTE LTD	
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	