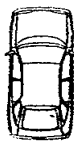


ASSIGNMENTSurveyor: KennethDOI: 25/11/2020Date / Time : 10.11.2020Registered in Merimen: 10.11.2020**Pre-assign / CCU / FTE**Insured Vehicle No. : SKF 2868M

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

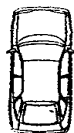
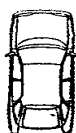
Excess Sec II :\$ _____ D.O.A : 31/08/2020 10:00Place of Accident : BINJAI PARK

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**SDN 8988BINSRS:
WSP: YEE AUTO
Tel : PTE LTD
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	<u>SKF 2868M - X</u>	Non-Reporting ltr (1st):	
	<u>SDN 8988B - CS/GAI16017707/T1vbq2 ; 28/08/2016</u>	Non-Reporting ltr (2nd):	
	<u>CS1/GAI18002563/Dtbs2 ; 28/08/2016</u>	Non-Reporting ltr (Final):	
	<u>NBA/GAI16017389/Y ; 28/08/2016</u>	Notification ltr (if non-pickup):	
		Call OI:	
<u>18/11/2021</u>	<u>Pls refer to VIEWS for details.</u>	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:	☐ ☐
		Post-Repair Photos:	☐ ☐
		Others:	☐ ☐
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____		
FINALIZATION	Date/Time: _____ Confirm with: _____ Confirm by: _____		
Repair Cost: <u>L/sum</u>	S\$ <u>1,200.00</u> (<u>2</u> days) Reduction: <u>75</u> %	Email ☒ Call ☐	
FINAL SETTLEMENT	Date/Time: <u>18/11/2021</u> Confirm with: <u>Winni</u>	Email ☒ Call ☐	
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>23</u>	If NO or B 28, Ass. Lia :	
Repair Cost: <u>w/GST</u>	S\$ <u>1,284.00</u>		
Loss of Rental (LOR):	S\$ <u>300.00</u> (<u>3</u> days) <u>x\$100.00</u>		
Loss of Use (LOU):	S\$ (\$ x days)		
Loss of Income (LOI):	S\$ (\$ x days)		
LOR only ☒ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]			
GIA/LTA Search	S\$		
Medical:	S\$		
Disbursement:	S\$ (e.g. Tow/ Independent)		
Legal Cost	S\$		
Total:	S\$ <u>1,584.00</u> Global Sum S\$: 1,500.00		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____ Email ☒ Call ☐		
Payee 1:	S\$ <u>1,500.00</u> Name 1: <u>Yee Auto 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 Settlement

2) Report Format: TP3) Survey fee: \$320.00