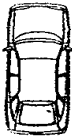


ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : 27/11/2020Registered in Merimen: 27/11/2020**Pre-assign / CCU / FTE**Insured Vehicle No. : SMV 7346L

Claim No. : _____

Name of Insured : REITER STEPHEN VICTOR

Policy No. : _____

Insured Tel No. : _____ HP: _____

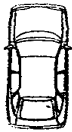
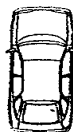
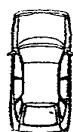
Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 22/11/2020

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****SGS 7617S**INSRS:
WSP: LIM YEW BOO
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SGS 7617S : CC3/AIG12023826/Rvy ; DOA : 10/12/2012 SMV 7346L : 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:	Handler
			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/S</u>	S\$ <u>5,100.00</u> (<u>4</u> days) Reduction: <u>58.23</u> %		Email ☐	Call ☐
FINAL SETTLEMENT	Date/Time: <u>23/02/2021</u>	Confirm with: <u>SERENE</u>	Email ☒	Call ☐
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>27</u>	If NO or B 28, Ass. Lia :		
Repair Cost:	S\$ <u>5,100.00</u>			
Loss of Rental (LOR):	S\$ <u>520.00</u> (<u>4</u> days) x \$130.00			
Loss of Use (LOU):	S\$ (\$ x 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\$	1) Claim status: Normal/Reject/Private Settle		
Disbursement:	S\$ (e.g. Tow/ Independent)	2) Report Format: <u>TP</u>		
Legal Cost	S\$	3) Survey fee: <u>\$320.00</u>		
Total:	S\$ <u>5,627.45</u>	Global Sum S\$: <u>5,600.00</u>		
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐	Call ☐
Payee 1:	S\$ <u>5,600.00</u>	Name 1:	<u>LIM YEW BOO SPRAY PAINT CO</u>	
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		

01/03/2021 SETTLED AND CLOSED / NO PHY FILE