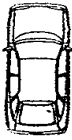


**ASSIGNMENT**Surveyor: AdrianDOI: 01/12/2020Date / Time : 02/12/2020Registered in Merimen: 02/12/2020**Pre-assign / CCU / FTE**Insured Vehicle No. : GU 857B

Claim No. : \_\_\_\_\_

Name of Insured : CHASEN LOGISTICS SERVICES LIMITED

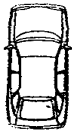
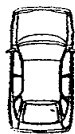
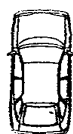
Policy No. : \_\_\_\_\_

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

Make / Model : \_\_\_\_\_

**Excess Sec II :S\$** \_\_\_\_\_ D.O.A : 30/11/2020

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**SLA 9800BINSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time		
	SLA 9800B : X	<b>STAGE</b> <b>DATE / PIC</b>
	GU 857B : CC4/III19010660/pa3XX ; DOA : 04/06/2019	Non-Reporting ltr (1st):
		Non-Reporting ltr (2nd):
		Non-Reporting ltr (Final):
		Notification ltr (if non-pickup):
		Call OI:
		After call ltr to OI:
		<b>Documentation Check List: Handler Typist</b>
		Notification ltr (if non-pickup) <input type="checkbox"/> <input type="checkbox"/>
		After call ltr to OI: <input type="checkbox"/> <input type="checkbox"/>
		Authorisation To Act: <input checked="" type="checkbox"/> <input type="checkbox"/>
		Release Voucher: <input checked="" type="checkbox"/> <input type="checkbox"/>
		Final Repair Bill: <input checked="" type="checkbox"/> <input type="checkbox"/>
		Car Rental Invoice: <input type="checkbox"/> <input type="checkbox"/>
<u>02/07/2021</u>	<u>SETTLED AND CLOSED / NO PHY FILE</u>	Towing Invoice: <input type="checkbox"/> <input type="checkbox"/>
		LTA / GIA : <input checked="" type="checkbox"/> <input type="checkbox"/>
		Medical Bill: <input type="checkbox"/> <input type="checkbox"/>
		PIR: <input type="checkbox"/> <input type="checkbox"/>
		Mandate/Reject Instruction: <input checked="" type="checkbox"/> <input type="checkbox"/>
		LOD: <input checked="" type="checkbox"/> <input type="checkbox"/>
		Payment Breakdown Form: <input type="checkbox"/> <input type="checkbox"/>
<b>PRELIMINARY ADVICE</b>	Date/Time: _____ Sent By: _____	Post-Repair Photos: <input type="checkbox"/> <input type="checkbox"/>
		Others: <input type="checkbox"/> <input type="checkbox"/>
<b>FINALIZATION</b>	Date/Time: _____ Confirm with: _____	Confirm by: _____
Repair Cost: <u>L/S</u>	S\$ <u>6,900.00</u> ( <u>9</u> days) Reduction: <u>50.67</u> %	Email <input type="checkbox"/> Call <input type="checkbox"/>
<b>FINAL SETTLEMENT</b>	Date/Time: <u>25/06/2021</u> Confirm with <u>ASHLEY CHIA</u>	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>28</u>	If NO or B 28, Ass. Lia : <u>0%</u>
Repair Cost:	S\$ <u>6,900.00</u>	
Loss of Rental (LOR):	S\$ _____ ( _____ days)	
Loss of Use (LOU):	S\$ <u>1,200.00</u> (\$ <u>120</u> x <u>10</u> days)	
Loss of Income (LOI):	S\$ _____ (\$ _____ x _____ days)	
LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LO <input type="checkbox"/> [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>\$500.00</u>
<b>Total:</b>	S\$ <u>8,107.45</u> <b>Global Sum S\$:</b> <u>8,000.00</u>	
<b>FINAL PAYMENT</b>	Date/Time: _____ Confirm with: _____	Email <input type="checkbox"/> Call <input type="checkbox"/>
Payee 1:	S\$ <u>8,000.00</u> Name 1: <u>CHOO MOTOR SPRAY PAINTER</u>	
Payee 2: (Strike if N.A.)	S\$ _____ Name 2: _____	
Payee 3: (Strike if N.A.)	S\$ _____ Name 3: _____	