

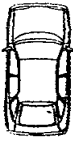
**ASSIGNMENT**

Surveyor:

DOI:

Date / Time : 02/12/2020

Registered in Merimen:

**Pre-assign / CCU / FTE**

Insured Vehicle No. : GBD 2266S

Claim No. : 20/20/20/VC05/023951

Name of Insured :

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II :S\$ D.O.A : 27.11.2020 1430

Place of Accident : TPE towards Airport, bef Punggol Road

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

If NO, Driver Name / Age :

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

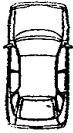
Driver Tel No. :

(V/L: YES / NO )

Insured Liability :

%

Final ? Yes / No

**SMT 8655Z**INSRS:  
WSP: ASIA  
Tel : MOTORSPORTS  
Liability: SOLUTION  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time                                                                                                                                                           |                                             |                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |         |        |                                  |  |                       |  |                       |  |                  |  |                    |  |                     |  |                |  |             |  |               |  |      |  |                             |  |     |  |                         |  |                     |  |         |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|--------|----------------------------------|--|-----------------------|--|-----------------------|--|------------------|--|--------------------|--|---------------------|--|----------------|--|-------------|--|---------------|--|------|--|-----------------------------|--|-----|--|-------------------------|--|---------------------|--|---------|--|
|                                                                                                                                                                      | SMT 8655Z - X                               | GBD 2266S - X                                                                                                           | <b>STAGE</b><br>Non-Reporting ltr (1st):<br>Non-Reporting ltr (2nd):<br>Non-Reporting ltr (Final):<br>Notification ltr (if non-pickup):<br>Call OI:<br>After call ltr to OI:<br><b>Documentation Check List:</b> <table border="1"> <thead> <tr> <th>Handler</th> <th>Typist</th> </tr> </thead> <tbody> <tr><td>Notification ltr (if non-pickup)</td><td></td></tr> <tr><td>After call ltr to OI:</td><td></td></tr> <tr><td>Authorisation To Act:</td><td></td></tr> <tr><td>Release Voucher:</td><td></td></tr> <tr><td>Final Repair Bill:</td><td></td></tr> <tr><td>Car Rental Invoice:</td><td></td></tr> <tr><td>Towing Invoice</td><td></td></tr> <tr><td>LTA / GIA :</td><td></td></tr> <tr><td>Medical Bill:</td><td></td></tr> <tr><td>PIR:</td><td></td></tr> <tr><td>Mandate/Reject Instruction:</td><td></td></tr> <tr><td>LOD</td><td></td></tr> <tr><td>Payment Breakdown Form:</td><td></td></tr> <tr><td>Post-Repair Photos:</td><td></td></tr> <tr><td>Others:</td><td></td></tr> </tbody> </table> | 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: |  |
| 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:                                                                                                                                                              |                                             |                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |         |        |                                  |  |                       |  |                       |  |                  |  |                    |  |                     |  |                |  |             |  |               |  |      |  |                             |  |     |  |                         |  |                     |  |         |  |
| 02/03/2021                                                                                                                                                           | Pls refer to VIEWS for details.             |                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |         |        |                                  |  |                       |  |                       |  |                  |  |                    |  |                     |  |                |  |             |  |               |  |      |  |                             |  |     |  |                         |  |                     |  |         |  |
| <b>PRELIMINARY ADVICE</b> Date/Time:                                                                                                                                 |                                             | Sent By:                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |         |        |                                  |  |                       |  |                       |  |                  |  |                    |  |                     |  |                |  |             |  |               |  |      |  |                             |  |     |  |                         |  |                     |  |         |  |
| <b>FINALIZATION</b> Date/Time:                                                                                                                                       |                                             | Confirm with:                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |         |        |                                  |  |                       |  |                       |  |                  |  |                    |  |                     |  |                |  |             |  |               |  |      |  |                             |  |     |  |                         |  |                     |  |         |  |
| Repair Cost: L/sum S\$ 9,200.00 ( 9 days) Reduction: 48 %                                                                                                            |                                             | Confirm by: Email <input type="checkbox"/> Call <input type="checkbox"/>                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |         |        |                                  |  |                       |  |                       |  |                  |  |                    |  |                     |  |                |  |             |  |               |  |      |  |                             |  |     |  |                         |  |                     |  |         |  |
| <b>FINAL SETTLEMENT</b> Date/Time: 02/03/2021                                                                                                                        |                                             | Confirm with: Asia Motorsports Solution Pte Ltd Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |         |        |                                  |  |                       |  |                       |  |                  |  |                    |  |                     |  |                |  |             |  |               |  |      |  |                             |  |     |  |                         |  |                     |  |         |  |
| Final Liability:                                                                                                                                                     | % 100 (Agreed / Assessed) BOLA S/N No. : 27 | If NO or B 28, Ass. Lia :                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |         |        |                                  |  |                       |  |                       |  |                  |  |                    |  |                     |  |                |  |             |  |               |  |      |  |                             |  |     |  |                         |  |                     |  |         |  |
| Repair Cost:                                                                                                                                                         | S\$ 9,200.00                                |                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |         |        |                                  |  |                       |  |                       |  |                  |  |                    |  |                     |  |                |  |             |  |               |  |      |  |                             |  |     |  |                         |  |                     |  |         |  |
| Loss of Rental (LOR):                                                                                                                                                | S\$ 1,000.00 ( 10 days) x \$100             |                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |         |        |                                  |  |                       |  |                       |  |                  |  |                    |  |                     |  |                |  |             |  |               |  |      |  |                             |  |     |  |                         |  |                     |  |         |  |
| Loss of Use (LOU):                                                                                                                                                   | S\$ (\$ x days)                             |                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |         |        |                                  |  |                       |  |                       |  |                  |  |                    |  |                     |  |                |  |             |  |               |  |      |  |                             |  |     |  |                         |  |                     |  |         |  |
| Loss of Income (LOI):                                                                                                                                                | S\$ (\$ x days)                             |                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |         |        |                                  |  |                       |  |                       |  |                  |  |                    |  |                     |  |                |  |             |  |               |  |      |  |                             |  |     |  |                         |  |                     |  |         |  |
| LOR only <input checked="" type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one] |                                             |                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |         |        |                                  |  |                       |  |                       |  |                  |  |                    |  |                     |  |                |  |             |  |               |  |      |  |                             |  |     |  |                         |  |                     |  |         |  |
| GIA/LTA Search                                                                                                                                                       | S\$ 7.45                                    |                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |         |        |                                  |  |                       |  |                       |  |                  |  |                    |  |                     |  |                |  |             |  |               |  |      |  |                             |  |     |  |                         |  |                     |  |         |  |
| 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: \$400.00                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |         |        |                                  |  |                       |  |                       |  |                  |  |                    |  |                     |  |                |  |             |  |               |  |      |  |                             |  |     |  |                         |  |                     |  |         |  |
| <b>Total:</b>                                                                                                                                                        | S\$ 10,207.45                               | <b>Global Sum S\$:</b> 10,200.00                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |         |        |                                  |  |                       |  |                       |  |                  |  |                    |  |                     |  |                |  |             |  |               |  |      |  |                             |  |     |  |                         |  |                     |  |         |  |
| <b>FINAL PAYMENT</b> Date/Time:                                                                                                                                      |                                             | Confirm with: Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |         |        |                                  |  |                       |  |                       |  |                  |  |                    |  |                     |  |                |  |             |  |               |  |      |  |                             |  |     |  |                         |  |                     |  |         |  |
| Payee 1:                                                                                                                                                             | S\$ 10,200.00                               | Name 1:                                                                                                                 | Asia Motorsports Solution Pte Ltd                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |         |        |                                  |  |                       |  |                       |  |                  |  |                    |  |                     |  |                |  |             |  |               |  |      |  |                             |  |     |  |                         |  |                     |  |         |  |
| Payee 2: (Strike if N.A.)                                                                                                                                            | S\$                                         | Name 2:                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |         |        |                                  |  |                       |  |                       |  |                  |  |                    |  |                     |  |                |  |             |  |               |  |      |  |                             |  |     |  |                         |  |                     |  |         |  |
| Payee 3: (Strike if N.A.)                                                                                                                                            | S\$                                         | Name 3:                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |         |        |                                  |  |                       |  |                       |  |                  |  |                    |  |                     |  |                |  |             |  |               |  |      |  |                             |  |     |  |                         |  |                     |  |         |  |