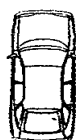


ASSIGNMENT

Surveyor: ADRIAN DOI: 22/12/2020 Date / Time : 22/12/2020
Registered in Merimen: 23/12/2020

Pre-assign / CCU / FTE

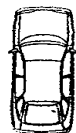
Insured Vehicle No. : SKT 7637G Claim No. : _____
Name of Insured : Tan Puey Yang Policy No. : _____
Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II :S\$ _____ D.O.A : 18/12/2020 19:30 Place of Accident : Near 6 Shenton Way, Singapore
Is driver the owner? (YES / NO) Nature of Accident : _____

If NO, Driver Name / Age :

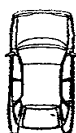
Driver Tel No. :

(V/L: YES / NO)

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

Insured Liability : % **Final ? Yes / No**SKT 2836G

INSRS:
WSP: Trident Auto
Tel : Service Centre
Liability : Pte Ltd
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SKT 2836G - X	SKT 7637G - X	STAGE	DATE / PIC
			Non-Reporting ltr (1st):	
			Non-Reporting ltr (2nd):	
			Non-Reporting ltr (Final):	
			Notification ltr (if non-pickup):	
<u>27/04/2021</u>	<u>Pls refer to VIEWS for details.</u>		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: <u>L/sum</u> S\$ <u>12,500.00</u> (<u>15</u> days) Reduction: <u>55</u> %			Email ☒	Call ☐
FINAL SETTLEMENT Date/Time: <u>27/04/2021</u> Confirm with <u>ZHE CHIAN</u>			Email ☒	Call ☐
Final Liability: % <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>28</u>			If NO or B 28, Ass. Lia : <u>100</u>	
Repair Cost: S\$ <u>12,500.00</u>				
Loss of Rental (LOR): S\$ <u>1,600.00</u> (<u>16</u> days) x \$100				
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\$ <u>7.45</u>				
Medical: S\$			1) Claim status: Normal/Reject/Private Settlement	
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>14,107.45</u>	Global Sum S\$: <u>13,800.00 (as per AIG mandate)</u>			
FINAL PAYMENT Date/Time:	Confirm with:		Email ☒	Call ☐
Payee 1: S\$ <u>13,800.00</u>	Name 1:	<u>Trident Auto Service Centre Pte Ltd</u>		
Payee 2: (Strike if N.A.) S\$	Name 2:			
Payee 3: (Strike if N.A.) S\$	Name 3:			