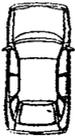


**ASSIGNMENT**

Surveyor: KENNETH DOI: 20/01/2021 Date / Time : 29/12/2020  
 Registered in Merimen: 29/12/2020

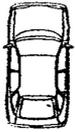
**Pre-assign / CCU / FTE**



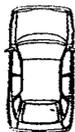
Insured Vehicle No. : SLV 2734U Claim No. : \_\_\_\_\_  
 Name of Insured : TAY GEOK ENG CAROL Policy No. : 1800003488  
 Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_ Make / Model : Volvo V40  
**Excess Sec II :S\$** \_\_\_\_\_ D.O.A : 23/12/2020 17:55 Place of Accident : JALAN TOA PAYOH  
 Is driver 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**

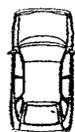
SJM 4616K →



INSRS: \_\_\_\_\_  
 WSP: S&H MOTOR  
 Tel : PTE LTD  
 Liability : \_\_\_\_\_  
 RMKS: \_\_\_\_\_



INSRS: \_\_\_\_\_  
 WSP: \_\_\_\_\_  
 Tel : \_\_\_\_\_  
 Liability : \_\_\_\_\_  
 RMKS: \_\_\_\_\_



INSRS: \_\_\_\_\_  
 WSP: \_\_\_\_\_  
 Tel : \_\_\_\_\_  
 Liability : \_\_\_\_\_  
 RMKS: \_\_\_\_\_



INSRS: \_\_\_\_\_  
 WSP: \_\_\_\_\_  
 Tel : \_\_\_\_\_  
 Liability : \_\_\_\_\_  
 RMKS: \_\_\_\_\_

Date/ Time	SJM 4616K - X	SLV 2734U - 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:	
			<b>Documentation Check List:</b>	<b>Handler</b> <b>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 type="checkbox"/> <input type="checkbox"/>
			Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
			Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
			Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
			Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
			LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
			Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
			PIR:	<input type="checkbox"/> <input type="checkbox"/>
			Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
			LOD	<input type="checkbox"/> <input type="checkbox"/>
			Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
			Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
			Others:	<input type="checkbox"/> <input type="checkbox"/>
<b>PRELIMINARY ADVICE</b>	Date/Time: _____	Sent By: _____		
<b>FINALIZATION</b>	Date/Time: _____	Confirm with: _____	Confirm by: <u>KSC</u>	
Repair Cost:	<u>L/S</u> S\$ <u>2,500.00</u> ( <u>5</u> days) Reduction: <u>65</u> %		Email <input type="checkbox"/>	Call <input type="checkbox"/>
<b>FINAL SETTLEMENT</b>	Date/Time: <u>30.06.21</u> Confirm with <u>MS WONG</u>		Email <input type="checkbox"/>	Call <input type="checkbox"/>
Final Liability:	<u>100</u> % <u>50</u> (Agreed / Assessed) BOLA S/N No. : <u>19</u>		If NO or B 28, Ass. Lia : _____	
Repair Cost:	<u>GST : \$2,675.00</u> S\$ <u>1,337.50</u>		<b>BOTH PARTY CHANGE LANE</b>	
Loss of Rental (LOR):	<u>\$1,050</u> S\$ <u>525.00</u> ( <u>7</u> days) <u>X \$150</u>			
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	<u>\$2.00</u> S\$ <u>2.00</u>			
Medical:	- S\$ -		1) Claim status: Normal/ <del>Reject/Private Sec'd</del>	
Disbursement:	- S\$ - (e.g. Tow/ Independent )		2) Report Format: <u>TP</u>	
Legal Cost	- S\$ -		3) Survey fee: <u>\$320</u>	
<b>Total:</b>	<u>\$3,727.00</u> S\$ <u>1,864.50</u>	<b>Global Sum S\$: 1,860.00</b>		
<b>FINAL PAYMENT</b>	Date/Time: <u>30.06.21</u> Confirm with: <u>MS WONG</u>		Email <input type="checkbox"/>	Call <input type="checkbox"/>
Payee 1:	S\$ <u>1,860.00</u>	Name 1: <u>S &amp; H MOTOR PTE LTD</u>		
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		