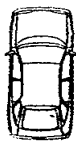


ASSIGNMENTSurveyor: **ADRIAN**DOI: **06/01/2021**Date / Time : **06/01/2021**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **SDD 2005E**Claim No. : **20/20/21/VP05/024079**Name of Insured : **ONG SENG LEE**Policy No. : **Z20VP05027812**

Insured Tel No. : _____ HP: _____

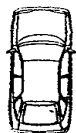
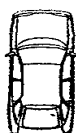
Make / Model : **TOYOTA COROLLA**Excess Sec II : \$ _____ D.O.A : **31/12/2020 13:11**Place of Accident : **TPE TWDS ECP B4 KPE(ECP EXIT)**

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

If NO, Driver Name / Age : **ONG JIANMING, JEREMY**

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

Driver Tel No. : _____ (V/L: YES / NO)

Insured Liability : % **Final ? Yes / No****SKZ 4948Y****SDD 2005E****SMP 8020B**INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:**OI**INSRS:
WSP:
Tel :
Liability :
RMKS:**ACE
AUTOLUTION
PTE LTD
TP**INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SMP 8020B - X		
	SDD 2005E - NA/LPC21000070/r3 ; 31/12/2020		
		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 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: L/sum	S\$ 10,500.00 (10 days) Reduction: 38 %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 12/10/2022 Confirm with Apple	Email ☒ Call ☐	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 0	
Repair Cost:	S\$ 10,500.00		
Loss of Rental (LOR):	S\$ 1,200.00 (12 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\$		
Medical:	S\$		
Disbursement:	S\$ 150.00 (e.g. Tow/ Independent)	1) Claim status: Normal/ Reject/Private Settle	
Legal Cost	S\$	2) Report Format: TP	
		3) Survey fee: \$400.00	
Total:	S\$ 11,850.00 Global Sum S\$:		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email ☒ Call ☐	
Payee 1:	S\$ 11,850.00 Name 1: ACE AUTOLUTION PTE LTD		
Payee 2: (Strike if N.A.)	S\$ Name 2:		
Payee 3: (Strike if N.A.)	S\$ Name 3:		