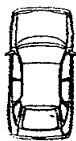


ASSIGNMENTSurveyor: MarcusDOI: 26/01/2021Date / Time : 26/01/2021Registered in Merimen: 26/01/2021**Pre-assign / CCU / FTE**Insured Vehicle No. : GBF 6993PClaim No. : 1406689073SGName of Insured : NEW REDEEMER'S FELLOWSHIP SOCIETY

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

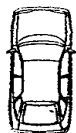
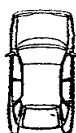
Excess Sec II :S\$ _____ D.O.A : 16/01/2021 11:30Place of Accident : Bedok North Ave 1, Singapore

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

If NO, Driver Name / Age : NGAN HOCK CHENG

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

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

Insured Liability : % **Final ? Yes / No**FBF 3952CINSRS:
WSP: **EROFIA**
Tel : **MOTOR**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	FBF 3952C - X	GBF 6993P - 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:	
			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:	☐ ☐
			Post-Repair Photos:	☐ ☐
			Others:	☐ ☐
PRELIMINARY ADVICE	Date/Time:	Sent By:		
FINALIZATION	Date/Time:	Confirm with:	Confirm by:	
Repair Cost: <u>L/Sum</u>	S\$ <u>1,050.00</u>	(<u>3</u> days) Reduction: <u>72</u> %	Email ☐	Call ☐
FINAL SETTLEMENT	Date/Time: <u>03/11/2022</u>	Confirm with: <u>LeeLee</u>	Email ☒	Call ☐
Final Liability:	% <u>100</u>	(Agreed / Assessed) BOLA S/N No. : <u>NIL</u>	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ <u>1,050.00</u>			
Loss of Rental (LOR):	S\$ _____	(_____ days)		
Loss of Use (LOU):	S\$ <u>75.00</u>	(\$ <u>25</u> x <u>3</u> 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\$ _____	(e.g. Tow/ Independent)	1) Claim status: Normal/Reject/Private Settlement	
Legal Cost	S\$ _____	2) Report Format: <u>TP</u>		3) Survey fee: <u>\$320.00</u>
Total:	S\$ <u>1,125.00</u>	Global Sum S\$:		
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☒	Call ☐
Payee 1:	S\$ <u>1,125.00</u>	Name 1:	<u>EROFIA MOTOR TRADING PTE LTD</u>	
Payee 2: (Strike if N.A.)	S\$ _____	Name 2:		
Payee 3: (Strike if N.A.)	S\$ _____	Name 3:		