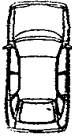


**ASSIGNMENT**Surveyor: AdrianDOI: 27/01/2021Date / Time : 28/01/2021Registered in Merimen: —**Pre-assign / CCU / FTE**

Insured Vehicle No. : SMP 2077C  
 Name of Insured : WHEELS EXPRESS RENTAL & LEASING PTE LTD

Claim No. : \_\_\_\_\_

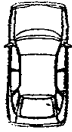
Policy No. : \_\_\_\_\_

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

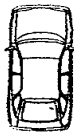
Make / Model : \_\_\_\_\_

Excess Sec II :S\$ \_\_\_\_\_ D.O.A : 22/01/2021

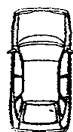
Place of Accident : \_\_\_\_\_

Is driver the owner? ( YES / **NO** ) Nature of Accident : \_\_\_\_\_If **NO**, Driver Name / Age : \_\_\_\_\_OI GIA REPORT: **YES** / NO ; TP GIA REPORT: **YES** / NODriver Tel No. : \_\_\_\_\_ (V/L: **YES** / NO )Insured Liability : \_\_\_\_\_ % **Final ? Yes / No****SMM 7404A**

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



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



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



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

| Date/ Time                                                   | SMM 7404A : <u>NA/CTI21004987/h4 ; DOA : 22/01/2021</u> |                                          | STAGE                                         | DATE / PIC                    |
|--------------------------------------------------------------|---------------------------------------------------------|------------------------------------------|-----------------------------------------------|-------------------------------|
|                                                              | SMP 2077C :                                             |                                          | 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>                |
|                                                              |                                                         |                                          | Notification ltr (if non-pickup)              | <input type="checkbox"/>      |
|                                                              |                                                         |                                          | After call ltr to OI:                         | <input type="checkbox"/>      |
|                                                              |                                                         |                                          | Authorisation To Act:                         | <input type="checkbox"/>      |
|                                                              |                                                         |                                          | Release Voucher:                              | <input type="checkbox"/>      |
|                                                              |                                                         |                                          | Final Repair Bill:                            | <input type="checkbox"/>      |
|                                                              |                                                         |                                          | Car Rental Invoice:                           | <input type="checkbox"/>      |
|                                                              |                                                         |                                          | Towing Invoice                                | <input type="checkbox"/>      |
|                                                              |                                                         |                                          | LTA / GIA :                                   | <input type="checkbox"/>      |
|                                                              |                                                         |                                          | Medical Bill:                                 | <input type="checkbox"/>      |
|                                                              |                                                         |                                          | PIR:                                          | <input type="checkbox"/>      |
|                                                              |                                                         |                                          | Mandate/Reject Instruction:                   | <input type="checkbox"/>      |
|                                                              |                                                         |                                          | LOD                                           | <input type="checkbox"/>      |
|                                                              |                                                         |                                          | Payment Breakdown Form:                       | <input type="checkbox"/>      |
| <b>PRELIMINARY ADVICE</b> Date/Time: _____ Sent By: _____    |                                                         |                                          | Post-Repair Photos:                           | <input type="checkbox"/>      |
|                                                              |                                                         |                                          | Others:                                       | <input type="checkbox"/>      |
| <b>FINALIZATION</b> Date/Time: _____ Confirm with: _____     |                                                         |                                          | Confirm by: _____                             |                               |
| Repair Cost:                                                 | S\$ _____                                               | ( _____ days) Reduction: _____ %         | Email <input type="checkbox"/>                | Call <input type="checkbox"/> |
| <b>FINAL SETTLEMENT</b> Date/Time: _____ Confirm with: _____ |                                                         |                                          | Email <input type="checkbox"/>                | Call <input type="checkbox"/> |
| Final Liability:                                             | % _____                                                 | (Agreed / Assessed) BOLA S/N No. : _____ | If NO or B 28, Ass. Lia : _____               |                               |
| Repair Cost:                                                 | S\$ _____                                               |                                          |                                               |                               |
| Loss of Rental (LOR):                                        | S\$ _____                                               | ( _____ days)                            |                                               |                               |
| Loss of Use (LOU):                                           | S\$ _____                                               | (\$ _____ x _____ days)                  |                                               |                               |
| Loss of Income (LOI):                                        | S\$ _____                                               | (\$ _____ x _____ days)                  |                                               |                               |
| LOR only <input type="checkbox"/>                            | LOU only <input type="checkbox"/>                       | LOR + LOU <input type="checkbox"/>       | [Tick only one]                               |                               |
| GIA/LTA Search                                               | S\$ _____                                               |                                          |                                               |                               |
| Medical:                                                     | S\$ _____                                               |                                          | 1) Claim status: Normal/Reject/Private Settle |                               |
| Disbursement:                                                | S\$ _____                                               | (e.g. Tow/ Independent )                 | 2) Report Format: _____                       |                               |
| Legal Cost                                                   | S\$ _____                                               |                                          | 3) Survey fee: _____                          |                               |
| <b>Total:</b>                                                | <b>S\$ _____</b>                                        | <b>Global Sum S\$:</b>                   |                                               |                               |
| <b>FINAL PAYMENT</b> Date/Time: _____ Confirm with: _____    |                                                         |                                          | Email <input type="checkbox"/>                | Call <input type="checkbox"/> |
| Payee 1:                                                     | S\$ _____                                               | Name 1: _____                            |                                               |                               |
| Payee 2: (Strike if N.A.)                                    | S\$ _____                                               | Name 2: _____                            |                                               |                               |
| Payee 3: (Strike if N.A.)                                    | S\$ _____                                               | Name 3: _____                            |                                               |                               |