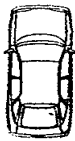


ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : 02/02/2021Registered in Merimen: 02/02/2021**Pre-assign / CCU / FTE**Insured Vehicle No. : GBG 8507S

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

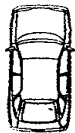
Excess Sec II :S\$ _____ D.O.A : 30.01.2021 21:57Place of Accident : FILTER LANE TO LOYANG AVE

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**SLN 3398SINSRS: **Automotive**
WSP: **Repair Centre**
Tel : **Pte Ltd**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

| Date/ Time | SLN 3398S - X | GBG 8507S - 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) | <input type="checkbox"/> <input type="checkbox"/> |
| | | | After call ltr to OI: | <input type="checkbox"/> <input type="checkbox"/> |
| | | | Authorisation To Act: | <input checked="" type="checkbox"/> <input type="checkbox"/> |
| | | | Release Voucher: | <input checked="" type="checkbox"/> <input type="checkbox"/> |
| | | | Final Repair Bill: | <input checked="" type="checkbox"/> <input type="checkbox"/> |
| | | | Car Rental Invoice: | <input type="checkbox"/> <input type="checkbox"/> |
| | | | Towing Invoice | <input type="checkbox"/> <input type="checkbox"/> |
| <u>09/04/2021</u> | <u>SETTLED AND CLOSED / NO PHY FILE</u> | | LTA / GIA : | <input checked="" type="checkbox"/> <input type="checkbox"/> |
| | | | Medical Bill: | <input type="checkbox"/> <input type="checkbox"/> |
| | | | PIR: | <input type="checkbox"/> <input type="checkbox"/> |
| | | | Mandate/Reject Instruction: | <input checked="" type="checkbox"/> <input type="checkbox"/> |
| | | | LOD | <input checked="" type="checkbox"/> <input type="checkbox"/> |
| | | | Payment Breakdown Form: | <input type="checkbox"/> <input type="checkbox"/> |
| PRELIMINARY ADVICE Date/Time: _____ Sent By: _____ | | | Post-Repair Photos: | <input type="checkbox"/> <input type="checkbox"/> |
| | | | Others: | <input type="checkbox"/> <input type="checkbox"/> |
| FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____ | | | | |
| Repair Cost: <u>L/S</u> S\$ <u>2,650.00</u> (<u>3</u> days) Reduction: <u>32.57</u> % | | | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> | |
| FINAL SETTLEMENT Date/Time: <u>09/04/2021</u> Confirm with <u>--</u> | | | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> | |
| Final Liability: % <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>27</u> | | | If NO or B 28, Ass. Lia : | |
| Repair Cost: (W/GST) S\$ <u>2,835.50</u> | | | | |
| Loss of Rental (LOR): S\$ _____ (_____ days) | | | | |
| Loss of Use (LOU): S\$ <u>150.00</u> (\$ <u>50</u> x <u>3</u> days) | | | | |
| Loss of Income (LOI): S\$ _____ (\$ _____ x _____ days) | | | | |
| LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one] | | | | |
| GIA/LTA Search S\$ <u>7.45</u> | | | | |
| Medical: S\$ _____ | | | 1) Claim status: Normal/Reject/Private Settle | |
| Disbursement: S\$ _____ (e.g. Tow/ Independent) | | | 2) Report Format: <u>TP</u> | |
| Legal Cost S\$ _____ | | | 3) Survey fee: <u>\$350.00</u> | |
| Total: S\$ <u>2,992.95</u> Global Sum S\$: | | | | |
| FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email <input type="checkbox"/> Call <input type="checkbox"/> | | | | |
| Payee 1: S\$ <u>2,992.95</u> Name 1: <u>AUTOMOTIVE REPAIR CENTRE PTE LTD</u> | | | | |
| Payee 2: (Strike if N.A.) S\$ _____ Name 2: _____ | | | | |
| Payee 3: (Strike if N.A.) S\$ _____ Name 3: _____ | | | | |