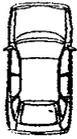


ASSIGNMENT

Surveyor: _____

DOI: 22/02/2021Date / Time : 09/02/2021Registered in Merimen: 09/02/2021**Pre-assign / CCU / FTE**Insured Vehicle No. : SMP 1002AClaim No. : 2098994607SGName of Insured : WANG ZHONG XIANPolicy No. : 1900151729

Insured Tel No. : _____ HP: _____

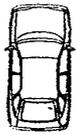
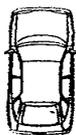
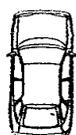
Make / Model : Toyota AlphardExcess Sec II : S\$ _____ D.O.A : 05/02/2021 17:00Place of Accident : 101 Thomson Rd, Singapore 307591 - MSCP

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

If NO, Driver Name / Age : OO HOCK BENG

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

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

Insured Liability : _____ % **Final ? Yes / No****SJK 9352Z**INSRS:
WSP: **My Car**
Tel : **Consultant**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SJK 9352Z - CC3/AIG09028253/Da2q1q2 ; 15/12/2009	Non-Reporting ltr (1st):	
	CC6/AIG09022802/UFbn ; 07/10/2009	Non-Reporting ltr (2nd):	
	NA/AIG19006978/k4 ; 20/04/2019	Non-Reporting ltr (Final):	
	NA/INC19007003/h4 ; 20/04/2019	Notification ltr (if non-pickup):	
	NBA/AIG21001839/Y ; 05/02/2021	Call OI:	
	NBA/AIG21001889/Y ; 05/02/2021	After call ltr to OI:	
	SMP 1002A - NBA/AIG21001839/Y ; 05.02.2021	Documentation Check List: Handler Typist	
		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"/>
PRELIMINARY ADVICE Date/Time:	Sent By:	Post-Repair Photos:	<input type="checkbox"/>
		Others:	<input type="checkbox"/>
FINALIZATION Date/Time:	Confirm with:	Confirm by:	
Repair Cost: L/S	S\$ 2,300.00 (3 days) Reduction: \$9,762.10 % 81	Email <input type="checkbox"/>	Call <input type="checkbox"/>
FINAL SETTLEMENT Date/Time: 11/06/2021	Confirm with HUI QIN	Email <input checked="" type="checkbox"/>	Call <input type="checkbox"/>
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 22	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ 2,461.00 W/GST		
Loss of Rental (LOR):	S\$ (days)		
Loss of Use (LOU):	S\$ 200.00 (\$ 50 x 4 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\$ 7.45		
Medical:	S\$	1) Claim status: <input checked="" type="checkbox"/> Normal/Reject/Private Settle	
Disbursement:	S\$ (e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost	S\$	3) Survey fee: \$320.00	
Total:	S\$ 2,668.45	Global Sum S\$:	
FINAL PAYMENT Date/Time:	Confirm with:	Email <input checked="" type="checkbox"/>	Call <input type="checkbox"/>
Payee 1:	S\$ 2,668.45	Name 1:	MY CAR CONSULTANT PTE LTD
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	