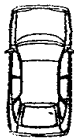


ASSIGNMENTSurveyor: AdrianDOI: 09/02/2021Date / Time : 10/02/2021Registered in Merimen: 10/02/2021**Pre-assign / CCU / FTE**Insured Vehicle No. : SMQ 4728P

Claim No. : _____

Name of Insured : LEE SEE LAM

Policy No. : _____

Insured Tel No. : _____ HP: _____

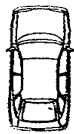
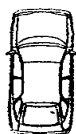
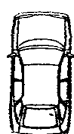
Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 08/02/2021

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****SKU 6240T**INSRS:
WSP: AUTOMOBILE HUB
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SKU 6240T : <u>NA/MSG21001940/h4 ; DOA : 08/02/2021</u>	STAGE
	SMQ 4728P :	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: ☐ ☐
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____	Post-Repair Photos: ☐ ☐
		Others: ☐ ☐
FINALIZATION	Date/Time: _____ Confirm with: _____	Confirm by: _____
Repair Cost: L/S	S\$ \$5,800.00 (9 days) Reduction: \$7,757.22 % 57	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 21/05/2021 Confirm with XIONG	Email ☒ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost:	S\$ 5,800.00	
Loss of Rental (LOR):	S\$ 800.00 (8 days) x \$100.00	
Loss of Use (LOU):	S\$ (\$ x days)	
Loss of Income (LOI):	S\$ (\$ x days)	
LOR only ☒ LOU only ☐ LOR + LOU ☐ LOR + LO ☐ [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: TP
Legal Cost	S\$	3) Survey fee: \$320.00
Total:	S\$ 6,600.00 Global Sum S\$:	
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email ☒ Call ☐
Payee 1:	S\$6,600.00 Name 1: AUTOMOBILE HUB ENTERPRISE	
Payee 2: (Strike if N.A.)	S\$ Name 2:	
Payee 3: (Strike if N.A.)	S\$ Name 3:	