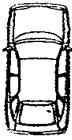


ASSIGNMENTSurveyor: AdrianDOI: 16/02/2021Date / Time : 15/02/2021Registered in Merimen: 15/02/2021**Pre-assign / CCU / FTE**Insured Vehicle No. : SKT 7350H

Claim No. : _____

Name of Insured : LAU LENG LENG

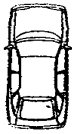
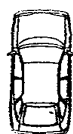
Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 11/02/2021

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**SLJ 6637D →INSRS:
WSP: KT MOTORWERK
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time				
	SLJ 6637D : <u>NA/EQI21002142/r3 ; DOA : 11/02/2021</u>	STAGE	DATE / PIC	
	SKT 7350H :	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:	☒	☐
<u>22/09/2021</u>	<u>SETTLED AND CLOSED / NO PHY FILE</u>	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: <u>L/S</u>	S\$ <u>8,000.00</u> (<u>6</u> days) Reduction: <u>61.93</u> %		Email ☐	Call ☐
FINAL SETTLEMENT	Date/Time: <u>20/09/2021</u>	Confirm with <u>JOHN TEE</u>	Email ☒	Call ☐
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>27</u>		If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ <u>8,000.00</u>			
Loss of Rental (LOR):	S\$ <u>600.00</u> (<u>5</u> days) <u>X \$120.00</u>			
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\$ <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>\$320.00</u>	
Total:	S\$ <u>8,607.45</u>	Global Sum S\$: <u>8,550.00</u>		
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐	Call ☐
Payee 1:	S\$ <u>8,550.00</u>	Name 1: <u>Kt Motorwerk</u>		
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		