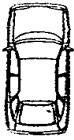


ASSIGNMENTSurveyor: **STEVE**DOI: **23/03/2021**Date / Time : **02/03/2021**Registered in Merimen: **02/03/2021****Pre-assign / CCU / FTE**Insured Vehicle No. : **SJW 2811Z**

Claim No. : _____

Name of Insured : **KUNA SHEKARAN S/O RAMASAMY**

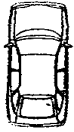
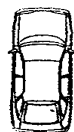
Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **28/02/2021**

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****SLU 7473U**INSRS:
WSP:
Tel : **CYCLE & CARRIAGE**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SLU 7473U : X	STAGE DATE / PIC
	SJW 2811Z : CC4/AXA16020861/Apb3q2 ; DOA : 28/10/2016	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:
Repair Cost: P/P	S\$ 5,240.00 (4 days) Reduction: \$4,278.00 % 45	Confirm by:
FINAL SETTLEMENT	Date/Time: 25/06/2021	Confirm with AI TING
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	Email ☒ Call ☐
Repair Cost:	S\$ 5,606.80 W/GST	If NO or B 28, Ass. Lia :
Loss of Rental (LOR):	S\$ 642.00 (6 days) x \$107.00 W/GST	
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\$ 2.00	
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: \$350.00
Total:	S\$ 6,250.80	Global Sum S\$:
FINAL PAYMENT	Date/Time:	Confirm with:
Payee 1:	S\$6,250.80	Name 1: CYCLE & CARRIAGE FRANCE PTE LIMITED
Payee 2: (Strike if N.A.)	S\$	Name 2:
Payee 3: (Strike if N.A.)	S\$	Name 3: