

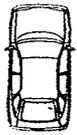
ASSIGNMENT

Surveyor: Kenneth DOI: 12/04/2021 Date / Time : 08/04/2021
Registered in Merimen: 08/04/2021

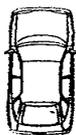
Pre-assign / CCU / FTE

Insured Vehicle No. : SMS 597R Claim No. : _____
Name of Insured : _____ Policy No. : _____
Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II :S\$ _____ D.O.A : 01/04/2021 19:15 Place of Accident : 925 Yishun Central 1, Singapore 760925
Is driver the owner? (YES / NO) Nature of Accident : _____

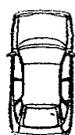
If NO, Driver Name / Age : _____ OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
Driver Tel No. : _____ (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SJF 5815H

INSRS:
WSP: Ah Lim Motor
Tel : (AMK)
Liability:
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			STAGE	DATE / PIC
	<u>SJF 5815H - X</u>	<u>SMS 597R - X</u>	Non-Reporting ltr (1st):	
			Non-Reporting ltr (2nd):	
<u>28/09/2021</u>	<u>Pls refer to VIEWS for details.</u>		Non-Reporting ltr (Final):	
			Notification ltr (if non-pickup):	
			Call OI:	
			After call ltr to OI:	
	<u>*OI & TP done private settlement.</u>		Documentation Check List: Handler Typist	
	<u>*OI paid LKK Fee</u>		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: <u>P/P</u>	S\$ <u>295.00</u>	(<u>1</u> days) Reduction: <u>90</u> %	Email <input type="checkbox"/>	Call <input type="checkbox"/>
FINAL SETTLEMENT	Date/Time: <u>10/09/2021</u>	Confirm with <u>Jessica</u>	Email <input checked="" type="checkbox"/>	Call <input type="checkbox"/>
Final Liability:	% <u>100</u>	(Agreed / Assessed) BOLA S/N No. : <u>23</u>	If NO or B 28, Ass. Lia :	
Repair Cost: <u>w/GST</u>	S\$ <u>315.65</u>			
Loss of Rental (LOR):	S\$ _____	(_____ days)		
Loss of Use (LOU):	S\$ <u>80.00</u>	(\$ <u>80</u> x <u>1</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>\$320.00</u>
Total:	S\$ <u>403.10</u>	Global Sum S\$:	<u>OI paid LKK Fee</u>	
FINAL PAYMENT	Date/Time:	Confirm with:	Email <input checked="" type="checkbox"/>	Call <input type="checkbox"/>
Payee 1:	S\$ <u>403.10</u>	Name 1: <u>Ah Lim Motor Company</u>		
Payee 2: (Strike if N.A.)	S\$ _____	Name 2:		
Payee 3: (Strike if N.A.)	S\$ _____	Name 3:		