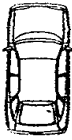


**ASSIGNMENT**Surveyor: MarcusDOI: 09/04/2021Date / Time : 09/04/2021Registered in Merimen: 09/04/2021**Pre-assign / CCU / FTE**Insured Vehicle No. : SKZ 4848C

Claim No. : \_\_\_\_\_

Name of Insured : KOH LAY HOON

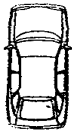
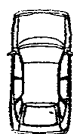
Policy No. : \_\_\_\_\_

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

Make / Model : \_\_\_\_\_

**Excess Sec II :S\$** \_\_\_\_\_ D.O.A : 03/04/2021

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****SMR 4600T**INSRS:  
WSP: **FOCUS AUTO**  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time                                                                                                        | SMR 4600T : X ; SKZ 4848C : X |                                             | STAGE                                         | 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:                         |                               |
|                                                                                                                   |                               |                                             | <b>Documentation Check List:</b>              | <b>Handler</b>                |
|                                                                                                                   |                               |                                             | 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"/>      |
|                                                                                                                   |                               |                                             | Post-Repair Photos:                           | <input type="checkbox"/>      |
|                                                                                                                   |                               |                                             | Others:                                       | <input type="checkbox"/>      |
| <b>PRELIMINARY ADVICE</b>                                                                                         | Date/Time:                    | Sent By:                                    |                                               |                               |
| <b>FINALIZATION</b>                                                                                               | Date/Time:                    | Confirm with:                               | Confirm by:                                   |                               |
| Repair Cost: <b>L/sum</b>                                                                                         | S\$ <b>4,000.00</b>           | ( <b>5</b> days) Reduction: <b>46</b> %     | Email <input type="checkbox"/>                | Call <input type="checkbox"/> |
| <b>FINAL SETTLEMENT</b>                                                                                           | Date/Time: <b>19/06/2021</b>  | Confirm with <b>Jenny</b>                   | Email <input checked="" type="checkbox"/>     | Call <input type="checkbox"/> |
| Final Liability:                                                                                                  | % <b>100</b>                  | (Agreed / Assessed) BOLA S/N No. : <b>9</b> | If NO or B 28, Ass. Lia :                     |                               |
| Repair Cost: <b>w/GST</b>                                                                                         | S\$ <b>4,280.00</b>           |                                             |                                               |                               |
| Loss of Rental (LOR):                                                                                             | S\$ <b>600.00</b>             | ( <b>6</b> days) <b>x\$100.00</b>           |                                               |                               |
| Loss of Use (LOU):                                                                                                | S\$ (\$ x days)               |                                             |                                               |                               |
| Loss of Income (LOI):                                                                                             | S\$ (\$ x days)               |                                             |                                               |                               |
| LOR only <input checked="" type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> | [Tick only one]               |                                             |                                               |                               |
| GIA/LTA Search                                                                                                    | S\$ <b>2.00</b>               |                                             |                                               |                               |
| Medical:                                                                                                          | S\$                           |                                             | 1) Claim status: Normal/Reject/Private Settle |                               |
| Disbursement:                                                                                                     | S\$                           | (e.g. Tow/ Independent )                    | 2) Report Format: <b>TP</b>                   |                               |
| Legal Cost                                                                                                        | S\$                           |                                             | 3) Survey fee: <b>\$320.00</b>                |                               |
| <b>Total:</b>                                                                                                     | S\$ <b>4,882.00</b>           | <b>Global Sum S\$: 4,800.00</b>             |                                               |                               |
| <b>FINAL PAYMENT</b>                                                                                              | Date/Time:                    | Confirm with:                               | Email <input checked="" type="checkbox"/>     | Call <input type="checkbox"/> |
| Payee 1:                                                                                                          | S\$ <b>4,800.00</b>           | Name 1: <b>Focus Auto Pte Ltd</b>           |                                               |                               |
| Payee 2: (Strike if N.A.)                                                                                         | S\$                           | Name 2:                                     |                                               |                               |
| Payee 3: (Strike if N.A.)                                                                                         | S\$                           | Name 3:                                     |                                               |                               |