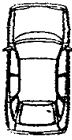


ASSIGNMENTSurveyor: AdrianDOI: 15/04/2021Date / Time : 12/04/2021Registered in Merimen: —**Pre-assign / CCU / FTE**Insured Vehicle No. : SMF 4376D

Claim No. : _____

Name of Insured : DANANI SURAJ MOHAN

Policy No. : _____

Insured Tel No. : _____ HP: _____

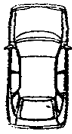
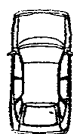
Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 08/04/2021

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****SLK 2016S**INSRS:
WSP: NEW HOCK TECK
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SLK 2016S : X ; SMF 4376D : 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:	
		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:	☐
		Post-Repair Photos:	☐ ☐
		Others:	☐ ☐
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____		
FINALIZATION	Date/Time: _____ Confirm with: _____	Confirm by: _____	
Repair Cost: <u>L/sum</u>	S\$ <u>2,700.00</u> (<u>3</u> days) Reduction: <u>73</u> %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: <u>12/07/2021</u> Confirm with <u>Sukyi</u>	Email ☒ Call ☐	
Final Liability: <u>w/GST</u>	% <u>50</u> (Agreed / Assessed) BOLA S/N No. : <u>NIL</u>	If NO or B 28, Ass. Lia : _____	
Repair Cost: <u>2,889.00</u>	S\$ <u>1,444.50</u>		
Loss of Rental (LOR):	S\$ _____ (_____ days)		
Loss of Use (LOU): <u>240.00</u>	S\$ <u>120.00</u> (\$ <u>80</u> x <u>3</u> days)		
Loss of Income (LOI):	S\$ _____ (\$ _____ x _____ days)		
LOR only ☐ LOU only ☒ LOR + LOU ☐	☐ ☐ ☐ [Tick only one]		
GIA/LTA Search	S\$ <u>2.00</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>\$350.00</u>	
Total:	S\$ <u>1,566.50</u> Global Sum S\$: <u>1,560.00</u>		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email ☒ Call ☐	
Payee 1:	S\$ <u>1,560.00</u> Name 1: <u>New Hock Teck Motor Pte Ltd</u>		
Payee 2: (Strike if N.A.)	S\$ _____ Name 2: _____		
Payee 3: (Strike if N.A.)	S\$ _____ Name 3: _____		