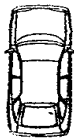


**ASSIGNMENT****CC4/TP21004970/Tpa3**Surveyor: TaufikhDOI: 21/04/2021Date / Time : 20/04/2021Registered in Merimen: 20/04/2021**Pre-assign / CCU / FTE**

Insured Vehicle No. : SJR 2895H  
 Name of Insured : BKW RENT A CAR PTE LTD  
 Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_  
**Excess Sec II :S\$** \_\_\_\_\_ D.O.A : 18/04/2021

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

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

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

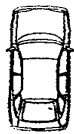
Place of Accident : \_\_\_\_\_

Is driver the owner? ( YES / NO ) Nature of Accident : \_\_\_\_\_

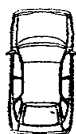
If NO, Driver Name / Age : \_\_\_\_\_

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

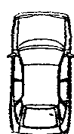
Driver Tel No. : \_\_\_\_\_ (V/L: YES / NO )

Insured Liability : % **Final ? Yes / No****SMV 1197P**

INSRS:  
WSP: RICO 60  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time                                                                                                                                                          |                                                                  |                                                                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|------------------------------------------------------------------------------------|
|                                                                                                                                                                     | SMV 1197P : X                                                    | <b>STAGE</b> <b>DATE / PIC</b>                                                     |
|                                                                                                                                                                     | SJR 2895H : CC3/AIG12017160/Kpg2w2 ; DOA : 30/08/2012            | Non-Reporting ltr (1st):                                                           |
|                                                                                                                                                                     |                                                                  | Non-Reporting ltr (2nd):                                                           |
| 23/04/2021                                                                                                                                                          | OINR *** SENT OUT FIRST NON-REPORTING LETTER                     | Non-Reporting ltr (Final):                                                         |
|                                                                                                                                                                     |                                                                  | Notification ltr (if non-pickup):                                                  |
|                                                                                                                                                                     |                                                                  | Call OI:                                                                           |
|                                                                                                                                                                     |                                                                  | After call ltr to OI:                                                              |
|                                                                                                                                                                     | *OI done private settlement                                      | <b>Documentation Check List: Handler Typist</b>                                    |
|                                                                                                                                                                     | *OI paid TP & LKK                                                | Notification ltr (if non-pickup) <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                                                                                                     |                                                                  | After call ltr to OI: <input type="checkbox"/> <input type="checkbox"/>            |
|                                                                                                                                                                     |                                                                  | Authorisation To Act: <input type="checkbox"/> <input type="checkbox"/>            |
|                                                                                                                                                                     |                                                                  | Release Voucher: <input type="checkbox"/> <input type="checkbox"/>                 |
|                                                                                                                                                                     |                                                                  | Final Repair Bill: <input type="checkbox"/> <input type="checkbox"/>               |
|                                                                                                                                                                     |                                                                  | Car Rental Invoice: <input type="checkbox"/> <input type="checkbox"/>              |
|                                                                                                                                                                     |                                                                  | Towing Invoice <input type="checkbox"/> <input type="checkbox"/>                   |
|                                                                                                                                                                     |                                                                  | LTA / GIA : <input type="checkbox"/> <input type="checkbox"/>                      |
|                                                                                                                                                                     |                                                                  | Medical Bill: <input type="checkbox"/> <input type="checkbox"/>                    |
|                                                                                                                                                                     |                                                                  | PIR: <input type="checkbox"/> <input type="checkbox"/>                             |
|                                                                                                                                                                     |                                                                  | Mandate/Reject Instruction: <input type="checkbox"/> <input type="checkbox"/>      |
|                                                                                                                                                                     |                                                                  | LOD <input type="checkbox"/> <input type="checkbox"/>                              |
|                                                                                                                                                                     |                                                                  | Payment Breakdown Form: <input type="checkbox"/> <input type="checkbox"/>          |
| <b>PRELIMINARY ADVICE</b>                                                                                                                                           | Date/Time: _____ Sent By: _____                                  | Post-Repair Photos: <input type="checkbox"/> <input type="checkbox"/>              |
|                                                                                                                                                                     |                                                                  | Others: <input type="checkbox"/> <input type="checkbox"/>                          |
| <b>FINALIZATION</b>                                                                                                                                                 | Date/Time: _____ Confirm with: _____                             | Confirm by: _____                                                                  |
| Repair Cost: <u>L/sum</u>                                                                                                                                           | S\$ <u>2,700.00</u> ( <u>4</u> days) Reduction: <u>82</u> %      | Email <input type="checkbox"/> Call <input type="checkbox"/>                       |
| <b>FINAL SETTLEMENT</b>                                                                                                                                             | Date/Time: <u>28/06/2022</u> Confirm with <u>Damian</u>          | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>            |
| Final Liability:                                                                                                                                                    | % <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>27</u>        | If NO or B 28, Ass. Lia :                                                          |
| Repair Cost: <u>w/GST</u>                                                                                                                                           | S\$ <u>2,889.00</u>                                              |                                                                                    |
| Loss of Rental (LOR):                                                                                                                                               | S\$ <u>400.00</u> ( <u>4</u> days) x \$100                       |                                                                                    |
| 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"/> LOR + LO <input type="checkbox"/> [Tick only one] |                                                                  |                                                                                    |
| GIA/LTA Search                                                                                                                                                      | S\$ <u>7.45</u>                                                  |                                                                                    |
| Medical:                                                                                                                                                            | S\$                                                              | 1) Claim status: <u>Normal/Reject/Private Settle</u>                               |
| Disbursement:                                                                                                                                                       | S\$ (e.g. Tow/ Independent )                                     | 2) Report Format: <u>TP</u>                                                        |
| Legal Cost                                                                                                                                                          | S\$                                                              | 3) Survey fee: <u>\$340.00</u>                                                     |
| <b>Total:</b>                                                                                                                                                       | S\$ <u>3,296.45</u> <b>Global Sum S\$: 3,200.00</b>              |                                                                                    |
| <b>FINAL PAYMENT</b>                                                                                                                                                | Date/Time: _____ Confirm with: _____                             | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>            |
| Payee 1:                                                                                                                                                            | S\$ <u>3,200.00</u> Name 1: <u>RICO 60 AUTO SERVICES PTE LTD</u> |                                                                                    |
| Payee 2: (Strike if N.A.)                                                                                                                                           | S\$ Name 2:                                                      |                                                                                    |
| Payee 3: (Strike if N.A.)                                                                                                                                           | S\$ Name 3:                                                      |                                                                                    |