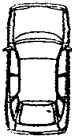


ASSIGNMENTSurveyor: TaufikhDOI: 23/04/2021Date / Time : 21/04/2021Registered in Merimen: 21/04/2021**Pre-assign / CCU / FTE**

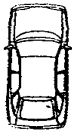
Insured Vehicle No. : SMY 1271S
 Name of Insured : KTC CIVIL ENGINEERING & CONSTRUCTION PTE LTD

Claim No. : _____

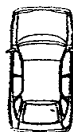
Policy No. : _____

Insured Tel No. : _____ HP: _____

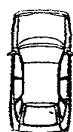
Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 18/04/2021Place of Accident : Near CTEIs 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****SMX 3534B**

INSRS:
WSP: AP AUTOMOTIVE
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SMX 3534B : X ; SMY 1271S : 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
			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"/>
PRELIMINARY ADVICE	Date/Time:	Sent By:		
FINALIZATION	Date/Time:	Confirm with:	Confirm by:	
Repair Cost: L/S	S\$ 9,000.00	(8 days) Reduction: \$13,803.55	% 61	Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT	Date/Time: 04/08/2022	Confirm with JULIANA	Email <input checked="" type="checkbox"/>	Cal <input type="checkbox"/>
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ 9,630.00	W/GST		
Loss of Rental (LOR):	S\$ 1,070.00	(10 days) x \$107.00	W/GST	
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\$ 7.45			
Medical:	S\$		1) Claim status: Normal /Reject/Private Settle	
Disbursement:	S\$ 60.00	(e.g. Tow / Independent)	2) Report Format: TP	
Legal Cost	S\$		3) Survey fee: \$320.00	
Total:	S\$ 10,767.45	Global Sum S\$:		
FINAL PAYMENT	Date/Time:	Confirm with:	Email <input checked="" type="checkbox"/>	Cal <input type="checkbox"/>
Payee 1:	S\$ 10,767.45	Name 1:	AP AUTOMOTIVE SERVICES PTE LTD	
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		