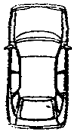


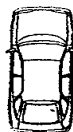
ASSIGNMENTSurveyor: XGQDOI: 29/04/2021Date / Time : 29/04/2021Registered in Merimen: 29/04/2021**Pre-assign / CCU / FTE**

Insured Vehicle No. : GBK 3561X
 Name of Insured : GOLDBELL LEASING PTE LTD
 Insured Tel No. : _____ HP: _____
Excess Sec II :S\$ _____ D.O.A : 05/04/2021

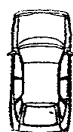
Claim No. : 8331444658SG
 Policy No. : 0999993808
 Make / Model : _____
 Place of Accident : _____

Is driver the owner? (YES / **NO**) Nature of Accident : _____If **NO**, Driver Name / Age : _____OI GIA REPORT: **YES** / NO ; TP GIA REPORT: **YES** / NODriver Tel No. : _____ (V/L: **YES** / NO)Insured Liability : _____ % **Final ? Yes / No****FBK 8886B**

INSRS:
WSP:
Tel : KATOOM CUSTOMS
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	FBK 8886B : X ; GBK 3561X : 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)	☐
			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: L/sum	S\$ 3,000.00	(3 days) Reduction: 61 %	Email ☐	Call ☐
FINAL SETTLEMENT	Date/Time: 03/08/2022	Confirm with Kishan	Email ☒	Call ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 9a	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ 3,000.00			
Loss of Rental (LOR):	S\$ _____	(_____ days)		
Loss of Use (LOU):	S\$ _____	(\$ _____ x _____ days)		
Loss of Income (LOI):	S\$ _____	(\$ _____ x _____ days)		
LOR only ☐ LOU only ☐ LOR + LOU ☐	[Tick only one]			
GIA/LTA Search	S\$ 7.45			
Medical:	S\$ _____	1) Claim status: Normal/ Reject/Private Settle		
Disbursement:	S\$ _____	(e.g. Tow/ Independent)		
Legal Cost	S\$ _____	2) Report Format: TP		
Total:	S\$ 3,007.45	Global Sum S\$:	3) Survey fee: \$320.00	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☒	Call ☐
Payee 1:	S\$ 3,007.45	Name 1:	KATOOM CUSTOMS	
Payee 2: (Strike if N.A.)	S\$ _____	Name 2:		
Payee 3: (Strike if N.A.)	S\$ _____	Name 3:		