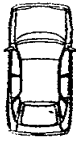


ASSIGNMENTSurveyor: **Kenneth**DOI: **30/04/2021**Date / Time : **30/04/2021**Registered in Merimen: **2/6/20210 BY AIG****Pre-assign / CCU / FTE**Insured Vehicle No. : **SLB 8514D**Claim No. : **2749991859SG**Name of Insured : **SEE TEIK YEOW**Policy No. : **2100463042**

Insured Tel No. : _____ HP: _____

Make / Model : _____

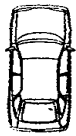
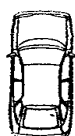
Excess Sec II :S\$ _____ D.O.A : **13/05/2020 19:30**Place of Accident : **BLK 497J TAMPINES STREET 45 SERVICE ROAD**

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****GBE 9659R**INSRS:
WSP: **Alan's United**
Tel : **Auto Pte Ltd**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	GBE 9659R - X	SLB 8514D - X	STAGE
			DATE / PIC
			Non-Reporting ltr (1st):
			Non-Reporting ltr (2nd):
			Non-Reporting ltr (Final):
			Notification ltr (if non-pickup):
30/11/2021	Pls refer to VIEWS for details.		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: ☐ ☐
PRELIMINARY ADVICE	Date/Time: _____	Sent By: _____	Post-Repair Photos: ☐ ☐
			Others: ☐ ☐

FINALIZATION	Date/Time: _____	Confirm with: _____	Confirm by: _____
Repair Cost: L/sum	S\$ 2,950.00 (6 days) Reduction: 42 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 30/11/2021 Confirm with Kenny		Email ☒ Call ☐
Final Liability: w/GST	% 80 (Agreed / Assessed) BOLA S/N No. : NIL		If NO or B 28, Ass. Lia :
Repair Cost: 3,156.50	S\$ 2,525.20		
Loss of Rental (LOR):	S\$ _____ (_____ days)		
Loss of Use (LOU): 700.00	S\$ 560.00 (\$ 100 x 7 days)		
Loss of Income (LOI):	S\$ _____ (\$ _____ x _____ days)		
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]			
GIA/LTA Search	S\$ 2.00		
Medical:	S\$ _____		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S\$ _____ (e.g. Tow/ Independent)		2) Report Format: TP
Legal Cost	S\$ _____		3) Survey fee: \$320.00
Total:	S\$ 3,087.20	Global Sum S\$: 3,050.00	
FINAL PAYMENT	Date/Time: _____	Confirm with: _____	Email ☒ Call ☐
Payee 1:	S\$ 3,050.00	Name 1: Alan's United Auto Pte. Ltd.	
Payee 2: (Strike if N.A.)	S\$ _____	Name 2: _____	
Payee 3: (Strike if N.A.)	S\$ _____	Name 3: _____	