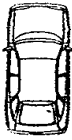


**ASSIGNMENT**

CC4/LPC21005401/Tpa3q2

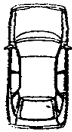
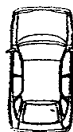
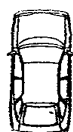
Surveyor: TaufikhDOI: 04/05/2021Date / Time : 03/05/2021Registered in Merimen: —**Pre-assign / CCU / FTE**Insured Vehicle No. : GBB 2666GClaim No. : 20/21/21/VC00/024527Name of Insured : JIN DING FOODSTUFFS SUPPLIER PTE LTDPolicy No. : Z/20/VC00/108725

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

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

**Excess Sec II :S\$** \_\_\_\_\_ D.O.A : 01/05/2021

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****SMU 9917G**INSRS:  
WSP: **BORNEO**  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time                                                                                                                                                          |                                                               |                                                                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|------------------------------------------------------------------------------------|
|                                                                                                                                                                     | SMU 9917G : X                                                 | <b>STAGE</b> <b>DATE / PIC</b>                                                     |
|                                                                                                                                                                     | GBB 2666G : CC3/AIG11017154/Ra2a3q2 ; DOA : 18/10/2011        | Non-Reporting ltr (1st):                                                           |
|                                                                                                                                                                     |                                                               | Non-Reporting ltr (2nd):                                                           |
|                                                                                                                                                                     |                                                               | Non-Reporting ltr (Final):                                                         |
|                                                                                                                                                                     |                                                               | Notification ltr (if non-pickup):                                                  |
|                                                                                                                                                                     |                                                               | Call OI:                                                                           |
|                                                                                                                                                                     |                                                               | After call ltr to OI:                                                              |
|                                                                                                                                                                     |                                                               | <b>Documentation Check List: Handler Typist</b>                                    |
|                                                                                                                                                                     |                                                               | 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: <b>P/P</b>                                                                                                                                             | S\$ <b>16,179.50</b> ( <b>6</b> days) Reduction: <b>40</b> %  | Email <input type="checkbox"/> Call <input type="checkbox"/>                       |
| <b>FINAL SETTLEMENT</b>                                                                                                                                             | Date/Time: <b>16/03/2022</b> Confirm with <b>Angela</b>       | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>            |
| Final Liability:                                                                                                                                                    | % <b>100</b> (Agreed / Assessed) BOLA S/N No. : <b>27</b>     | If NO or B 28, Ass. Lia :                                                          |
| Repair Cost: <b>w/GST</b>                                                                                                                                           | S\$ <b>17,312.07</b>                                          |                                                                                    |
| Loss of Rental (LOR):                                                                                                                                               | S\$ <b>1,050.00</b> ( <b>7</b> days) x \$150                  |                                                                                    |
| 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\$ <b>2.00</b>                                               |                                                                                    |
| Medical:                                                                                                                                                            | S\$                                                           | 1) Claim status: Normal/Reject/Private Settle                                      |
| Disbursement:                                                                                                                                                       | S\$ (e.g. Tow/ Independent )                                  | 2) Report Format: <b>TP</b>                                                        |
| Legal Cost                                                                                                                                                          | S\$                                                           | 3) Survey fee: <b>\$400.00</b>                                                     |
| <b>Total:</b>                                                                                                                                                       | S\$ <b>18,364.07</b> <b>Global Sum S\$:</b>                   |                                                                                    |
| <b>FINAL PAYMENT</b>                                                                                                                                                | Date/Time: _____ Confirm with: _____                          | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>            |
| Payee 1:                                                                                                                                                            | S\$ <b>18,364.07</b> Name 1: <b>Borneo Motors (S) Pte Ltd</b> |                                                                                    |
| Payee 2: (Strike if N.A.)                                                                                                                                           | S\$ Name 2:                                                   |                                                                                    |
| Payee 3: (Strike if N.A.)                                                                                                                                           | S\$ Name 3:                                                   |                                                                                    |