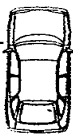


ASSIGNMENTSurveyor: AdrianDOI: 05/05/2021Date / Time : 05/05/2021Registered in Merimen: —**Pre-assign / CCU / FTE**Insured Vehicle No. : SLB 1269HClaim No. : Name of Insured : Lim Lian LowPolicy No. : Insured Tel No. : HP: Make / Model : **Excess Sec II :S\$** D.O.A : 03/05/2021Place of Accident : Is 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**SLH 1170B → → → → INSRS:
WSP: GREEN FOREST
Tel :
Liability :
RMKS: INSRS:
WSP:
Tel :
Liability :
RMKS: INSRS:
WSP:
Tel :
Liability :
RMKS: INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SLH 1170B : CC6/AIG17013679/Ayb3q2 ; DOA : 13/07/2017	STAGE DATE / PIC
	SLB 1269H : X	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 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: <u>L/SUM</u> S\$ <u>4,200.00</u> (<u>4</u> days) Reduction: <u>62</u> %		Email ☐ Call ☐
FINAL SETTLEMENT Date/Time: <u>17/11/2021</u> Confirm with <u>CHRIS</u>		Email ☒ Call ☐
Final Liability: % <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>NIL</u>		If NO or B 28, Ass. Lia :
Repair Cost: S\$ <u>4,494.00</u>		
Loss of Rental (LOR): S\$ <u> </u> (<u> </u> days)		
Loss of Use (LOU): S\$ <u>480.00</u> (\$ <u>80</u> x <u>6</u> days)		
Loss of Income (LOI): S\$ <u> </u> (\$ <u> </u> x <u> </u> days)		
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LO ☐ [Tick only one]		
GIA/LTA Search S\$ <u>7.45</u>		
Medical: S\$ <u> </u>		1) Claim status: Normal/ Reject/Private Settle
Disbursement: S\$ <u> </u> (e.g. Tow/ Independent)		2) Report Format: <u>TP</u>
Legal Cost S\$ <u> </u>		3) Survey fee: <u>400.00</u>
Total: S\$ <u>4,981.45</u> Global Sum S\$:		
FINAL PAYMENT Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1: S\$ <u>4,981.45</u> Name 1: <u>GREEN FOREST AUTOMOBILE</u>		
Payee 2: (Strike if N.A.) S\$ <u> </u> Name 2: <u> </u>		
Payee 3: (Strike if N.A.) S\$ <u> </u> Name 3: <u> </u>		