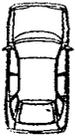


ASSIGNMENT

Surveyor: Adrian DOI: 06/05/2021 Date / Time : 05/05/2021

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : XD 1709C

Claim No. : _____

Name of Insured : JHS PTE LTD

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 29/04/2021

Place of Accident : _____

Is driver the owner? (YES / NO) Nature of Accident : _____

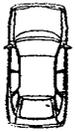
If NO, Driver Name / Age : _____

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

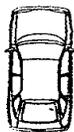
Driver Tel No. : _____ (V/L: YES / NO)

Insured Liability : _____ % **Final ? Yes / No**

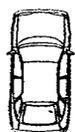
SMF 5530T



INSRS:
WSP: KAN FOOK SING
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
	SMF 5530T : XD 1709C : NBA/LPC21005347/Y ; DOA : 29/04/2021	
	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)	<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"/>

PRELIMINARY ADVICE Date/Time:	Sent By:	Post-Repair Photos: <input type="checkbox"/> <input type="checkbox"/>
		Others: <input type="checkbox"/> <input type="checkbox"/>

FINALIZATION Date/Time:	Confirm with:	Confirm by:
Repair Cost: L/S S\$ \$1,400.00 (4 days) Reduction: \$1,078.00 % 44		Email <input type="checkbox"/> Call <input type="checkbox"/>

FINAL SETTLEMENT Date/Time: 19/11/2021	Confirm with PATRICIA	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
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Final Liability: % 50 (Agreed / Assessed) BOLA S/N No. : 18	If NO or B 28, Ass. Lia :
Repair Cost: 1498.00 S\$ 749.00 W/GST	
Loss of Rental (LOR): S\$ _____ (_____ days)	
Loss of Use (LOU): 320 S\$ 160.00 (\$ 80 x 4 days)	
Loss of Income (LOI): S\$ _____ (\$ _____ x _____ days)	
LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LO <input type="checkbox"/> [Tick only one]	

GIA/LTA Search S\$ 2.00	
Medical: S\$ _____	1) Claim status: <input checked="" type="checkbox"/> Normal/Reject/Private Settle
Disbursement: S\$ _____ (e.g. Tow/Independent)	2) Report Format: TP
Legal Cost S\$ _____	3) Survey fee: \$400.00

Total: S\$ 911.00	Global Sum S\$: 900.00
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FINAL PAYMENT Date/Time:	Confirm with:	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
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Payee 1: S\$ 900.00	Name 1: KAN FOOK SING MOTOR WORKSHOP
Payee 2: (Strike if N.A.) S\$ _____	Name 2: _____
Payee 3: (Strike if N.A.) S\$ _____	Name 3: _____