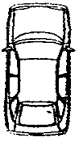


ASSIGNMENT

Surveyor: STEVE DOI: 02/06/2021 Date / Time : 10.05.2021
 Registered in Merimen: 10.05.2021

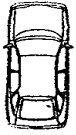
Pre-assign / CCU / FTE



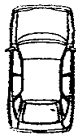
Insured Vehicle No. : SMF 5872G Claim No. : _____
 Name of Insured : HAN EN KWANG Policy No. : 1800135920
 Insured Tel No. : _____ HP: _____ Make / Model : Mitsubishi Outlander
Excess Sec II :S\$ _____ D.O.A : 07/05/2021 14:37 Place of Accident : JUNCTION OF BUKIT TIMAH ROAD
BEFORE RIGHT TURN INTO PIE
 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**

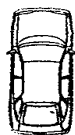
SMT 8548A



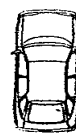
INSRS:
WSP: **C & C**
Tel : **KIA**
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SMT 8548A - X	SMF 5872G - 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 Typist	
			Notification ltr (if non-pickup)	<input type="checkbox"/>
			After call ltr to OI:	<input type="checkbox"/>
			Authorisation To Act:	<input type="checkbox"/>
			Release Voucher:	<input type="checkbox"/>
			Final Repair Bill:	<input type="checkbox"/>
			Car Rental Invoice:	<input type="checkbox"/>
			Towing Invoice	<input type="checkbox"/>
			LTA / GIA :	<input type="checkbox"/>
			Medical Bill:	<input type="checkbox"/>
			PIR:	<input type="checkbox"/>
			Mandate/Reject Instruction:	<input type="checkbox"/>
			LOD	<input type="checkbox"/>
			Payment Breakdown Form:	<input type="checkbox"/>
PRELIMINARY ADVICE Date/Time:	Sent By:		Post-Repair Photos:	<input type="checkbox"/>
			Others:	<input type="checkbox"/>
FINALIZATION Date/Time:	Confirm with:		Confirm by:	
Repair Cost: P/P S\$ 3,860.00 (4 days) Reduction: 53 %			Email <input type="checkbox"/>	Call <input type="checkbox"/>
FINAL SETTLEMENT Date/Time: 18/8/2021 Confirm with LARRY			Email <input checked="" type="checkbox"/>	Call <input type="checkbox"/>
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27			If NO or B 28, Ass. Lia :	
Repair Cost: S\$ 4,130.20				
Loss of Rental (LOR):w/GST S\$ 513.60 (6 days) x \$80.00				
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 + LOI <input type="checkbox"/> [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\$ 4,645.80	Global Sum S\$:			
FINAL PAYMENT Date/Time:	Confirm with:		Email <input type="checkbox"/>	Call <input type="checkbox"/>
Payee 1: S\$ 4,132.20	Name 1:	Cycle & Carriage Kia Pte. Ltd		
Payee 2: (Strike if N.A.) S\$ 513.60	Name 2:	BKW Rent A Car Pte. Ltd.		
Payee 3: (Strike if N.A.) S\$	Name 3:			