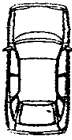


**ASSIGNMENT**Surveyor: **STEVE**DOI: **04/06/2021**Date / Time : **31/05/2021**Registered in Merimen: **—****Pre-assign / CCU / FTE**

Insured Vehicle No. : **XE 3225M**  
 Name of Insured : **SINGLANG HEAVY MACHINERY & CONSTRUCTION PTE LTD**

Claim No. : \_\_\_\_\_

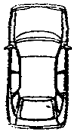
Policy No. : \_\_\_\_\_

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

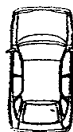
Make / Model : \_\_\_\_\_

**Excess Sec II :S\$** \_\_\_\_\_ D.O.A : **27/05/2021**

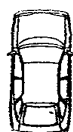
Place of Accident : \_\_\_\_\_

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****GBC 2083H**

INSRS:  
WSP: **GOLDBELL**  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time                                                                     | GBC 2083H : X ; XE 3225M : 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:                                 |                               |
|                                                                                |                                    |                                                   | <b>Documentation Check List:</b>                      | <b>Handler</b>                |
|                                                                                |                                    |                                                   | 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"/>      |
|                                                                                |                                    |                                                   | Post-Repair Photos:                                   | <input type="checkbox"/>      |
|                                                                                |                                    |                                                   | Others:                                               | <input type="checkbox"/>      |
| <b>PRELIMINARY ADVICE</b>                                                      | Date/Time:                         | Sent By:                                          |                                                       |                               |
| <b>FINALIZATION</b>                                                            | Date/Time:                         | Confirm with:                                     | Confirm by:                                           |                               |
| Repair Cost: L/S                                                               | S\$ 1,900.00                       | ( 3 days) Reduction: \$2,732.51 % 59              | Email <input type="checkbox"/>                        | Call <input type="checkbox"/> |
| <b>FINAL SETTLEMENT</b>                                                        | Date/Time: 03/08/2021              | Confirm with: CATHERINE                           | 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\$ 2,033.00                       | W/GST                                             |                                                       |                               |
| Loss of Rental (LOR):                                                          | S\$ 321.00                         | ( 3 days) x \$107 W/GST                           |                                                       |                               |
| 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\$ 2.00                           |                                                   |                                                       |                               |
| Medical:                                                                       | S\$                                |                                                   | 1) Claim status: <b>Normal</b> /Reject/Private Settle |                               |
| Disbursement:                                                                  | S\$                                | (e.g. Tow/ Independent )                          | 2) Report Format: TP                                  |                               |
| Legal Cost                                                                     | S\$                                |                                                   | 3) Survey fee: \$400.00                               |                               |
| <b>Total:</b>                                                                  | <b>S\$ 2,356.00</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\$ 2,356.00                       | Name 1: GOLDBELL ENGINEERING PTE LTD              |                                                       |                               |
| Payee 2: (Strike if N.A.)                                                      | S\$                                | Name 2:                                           |                                                       |                               |
| Payee 3: (Strike if N.A.)                                                      | S\$                                | Name 3:                                           |                                                       |                               |