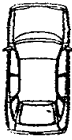


Surveyor: Kenneth DOI: 07/06/2021 ASSIGNMENT CC4/AIG21006447/Kpa3

Date / Time : 07/06/2021Registered in Merimen: 07/06/2021**Pre-assign / CCU / FTE**

Insured Vehicle No. : SKQ 9981P  
 Name of Insured : DAIMLER FLEET MANAGEMENT SINGAPORE PTE. LTD

Claim No. : 0892741799SGPolicy No. : 0999993670

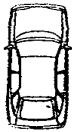
Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_  
**Excess Sec II :S\$** \_\_\_\_\_ D.O.A : 04/06/2021

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

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****SMQ 57T**

INSRS:  
WSP: YEE AUTO  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time                                                                     | SMQ 57T : X ; SKQ 9981P : 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: <u>L/sum</u>                                                      | S\$ <u>5,500.00</u>                | ( <u>6</u> days) Reduction: <u>75</u> %                    | Email <input type="checkbox"/>            | Call <input type="checkbox"/> |
| <b>FINAL SETTLEMENT</b>                                                        | Date/Time: <u>02/06/2022</u>       | Confirm with <u>Winni</u>                                  | Email <input checked="" type="checkbox"/> | Call <input type="checkbox"/> |
| Final Liability:                                                               | % <u>100</u>                       | (Agreed / Assessed) BOLA S/N No. : <u>15</u>               | If NO or B 28, Ass. Lia :                 |                               |
| Repair Cost: <u>w/GST</u>                                                      | S\$ <u>5,885.00</u>                |                                                            |                                           |                               |
| Loss of Rental (LOR):                                                          | S\$ <u>700.00</u>                  | ( <u>7</u> days) x \$100.00                                |                                           |                               |
| 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"/> | [Tick only one]                                            |                                           |                               |
| GIA/LTA Search                                                                 | S\$ <u>29.00</u>                   |                                                            |                                           |                               |
| Medical:                                                                       | S\$                                | 1) Claim status: Normal/ <del>Reject</del> /Private Settle |                                           |                               |
| Disbursement:                                                                  | S\$ (e.g. Tow/ Independent )       | 2) Report Format: <u>TP</u>                                |                                           |                               |
| Legal Cost                                                                     | S\$                                | 3) Survey fee: <u>\$320.00</u>                             |                                           |                               |
| <b>Total:</b>                                                                  | S\$ <u>6,614.00</u>                | <b>Global Sum S\$:</b> <u>6,600.00</u>                     |                                           |                               |
| <b>FINAL PAYMENT</b>                                                           | Date/Time:                         | Confirm with:                                              | Email <input checked="" type="checkbox"/> | Call <input type="checkbox"/> |
| Payee 1:                                                                       | S\$ <u>6,600.00</u>                | Name 1:                                                    | <u>Yee Auto Pte Ltd</u>                   |                               |
| Payee 2: (Strike if N.A.)                                                      | S\$                                | Name 2:                                                    |                                           |                               |
| Payee 3: (Strike if N.A.)                                                      | S\$                                | Name 3:                                                    |                                           |                               |