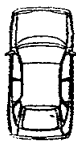


**ASSIGNMENT**Surveyor: NAZDOI: 09/06/2021Date / Time : 09/06/2021Registered in Merimen: 09/06/2021**Pre-assign / CCU / FTE**Insured Vehicle No. : SLZ 3017DClaim No. : 5227294280SGName of Insured : Png Siew HoonPolicy No. : 1800045889

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

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

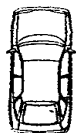
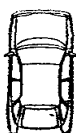
Excess Sec II :\$ \_\_\_\_\_ D.O.A : 07/06/2021 18:50Place of Accident : Braddell View, Singapore

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

If NO, Driver Name / Age : CHUA TUAN FONG

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

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

Insured Liability : % **Final ? Yes / No****SLE 5502S**INSRS:  
WSP: AP Automotive  
Services Pte Ltd.  
Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_INSRS:  
WSP: \_\_\_\_\_  
Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_INSRS:  
WSP: \_\_\_\_\_  
Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_INSRS:  
WSP: \_\_\_\_\_  
Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_

| Date/ Time                                                                                                                                                           |                                                        |                                                                                   |                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------|
|                                                                                                                                                                      | <b>SLE 5502S - CC4/AIG21004222/T1ga3 ; 29/03/2021</b>  | <b>STAGE</b>                                                                      | <b>DATE / PIC</b>             |
|                                                                                                                                                                      | <b>NA/INC21004072/r3 ; 29/03/2021</b>                  | Non-Reporting ltr (1st):                                                          |                               |
|                                                                                                                                                                      | <b>SLZ 3017D - X</b>                                   | Non-Reporting ltr (2nd):                                                          |                               |
|                                                                                                                                                                      |                                                        | Non-Reporting ltr (Final):                                                        |                               |
|                                                                                                                                                                      |                                                        | Notification ltr (if non-pickup):                                                 |                               |
|                                                                                                                                                                      |                                                        | Call OI:                                                                          |                               |
|                                                                                                                                                                      |                                                        | After call ltr to OI:                                                             |                               |
|                                                                                                                                                                      |                                                        | <b>Documentation Check List: Handler Typist</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"/>      |
|                                                                                                                                                                      | CLAIMANT - TEO EE KWANG(ZHAN YUGUANG)                  | LTA / GIA :                                                                       | <input type="checkbox"/>      |
|                                                                                                                                                                      | TPV: H.SHUTTLE - 1496cc                                | 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"/>      |
| <b>PRELIMINARY ADVICE</b>                                                                                                                                            | Date/Time: _____ Sent By: _____                        | Post-Repair Photos:                                                               | <input type="checkbox"/>      |
|                                                                                                                                                                      |                                                        | Others:                                                                           | <input type="checkbox"/>      |
| <b>FINALIZATION</b>                                                                                                                                                  | Date/Time: _____ Confirm with: _____ Confirm by: _____ |                                                                                   |                               |
| Repair Cost: LS                                                                                                                                                      | S\$ \$6,400.00 ( 4 days) Reduction: \$11,401.28 % 64   | Email <input checked="" type="checkbox"/>                                         | Call <input type="checkbox"/> |
| <b>FINAL SETTLEMENT</b>                                                                                                                                              | Date/Time: _____ Confirm with: _____                   | Email <input checked="" type="checkbox"/>                                         | Call <input type="checkbox"/> |
| Final Liability:                                                                                                                                                     | % 100 (Agreed / Assessed) BOLA S/N No. : 23            | If NO or B 28, Ass. Lia :                                                         |                               |
| Repair Cost:                                                                                                                                                         | S\$ 6848.00 W/GST                                      |                                                                                   |                               |
| Loss of Rental (LOR):                                                                                                                                                | S\$ 642.00 ( 6 days) x \$107.00 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 + LOI <input type="checkbox"/> [Tick only one] |                                                        |                                                                                   |                               |
| GIA/LTA Search                                                                                                                                                       | S\$ 7.45                                               |                                                                                   |                               |
| 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: \$320.00                                                           |                               |
| <b>Total:</b>                                                                                                                                                        | S\$ 7497.45 <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\$ Name 1: AP AUTOMOTIVE SERVICES PTE LTD             |                                                                                   |                               |
| Payee 2: (Strike if N.A.)                                                                                                                                            | S\$ Name 2:                                            |                                                                                   |                               |
| Payee 3: (Strike if N.A.)                                                                                                                                            | S\$ Name 3:                                            |                                                                                   |                               |