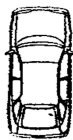


ASSIGNMENT CC4/AIG21006548/Npa3q2Surveyor: NazDOI: 09/06/2021Date / Time : 09/06/2021Registered in Merimen: 09/06/2021**Pre-assign / CCU / FTE**Insured Vehicle No. : SJH 3535T

Claim No. : _____

Name of Insured : SUN YAN

Policy No. : _____

Insured Tel No. : _____ HP: _____

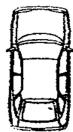
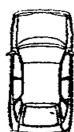
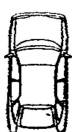
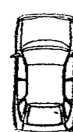
Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 07/06/2021

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****SGP 2714T**INSRS:
WSP: AP AUTOMOTIVE
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SGP 2714T : CC3/EQI16002062/H1pa3s2 ; DOA : 28/01/2016	STAGE DATE / PIC
	SJH 3535T : CC3/AIG18009319/T1ea3q2 ; DOA : 19/05/2018	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) ☐ ☐
		After call ltr to OI: ☐ ☐
		Authorisation To Act: ☐ ☐
		Release Voucher: ☐ ☐
		Final Repair Bill: ☐ ☐
		Car Rental Invoice: ☐ ☐
		Towing Invoice ☐ ☐
		LTA / GIA : ☐ ☐
		Medical Bill: ☐ ☐
		PIR: ☐ ☐
		Mandate/Reject Instruction: ☐ ☐
		LOD ☐ ☐
		Payment Breakdown Form: ☐ ☐
PRELIMINARY ADVICE Date/Time:	Sent By:	Post-Repair Photos: ☐ ☐
		Others: ☐ ☐
FINALIZATION Date/Time:	Confirm with:	Confirm by:
Repair Cost: L/Sum S\$ 3,000.00 (4 days) Reduction: _____ %		Email ☐ Call ☐
FINAL SETTLEMENT Date/Time: 21.10.2022 Confirm with Marcus Teo		Email ☒ Call ☐
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27		If NO or B 28, Ass. Lia :
Repair Cost: with GST S\$ 3,210.00		
Loss of Rental (LOR): S\$ 535.00 (5 days) @\$100 with GST		
Loss of Use (LOU): S\$ _____ (\$ x days)		
Loss of Income (LOI): S\$ _____ (\$ x days)		
LOR only ☒ LOU only ☐ LOR + LOU ☐ LOR + LC ☐ [Tick only one]		
GIA/LTA Search S\$ 7.45		
Medical: S\$ _____		1) Claim status: Normal/Reject/Printed/Settle
Disbursement: S\$ _____ (e.g. Tow/ Independent)		2) Report Format: TP
Legal Cost S\$ _____		3) Survey fee: \$320.00
Total: S\$ 3,752.45	Global Sum S\$:	
FINAL PAYMENT Date/Time:	Confirm with:	Email ☒ Call ☐
Payee 1: S\$ 3,752.45	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: _____	