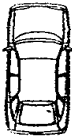


ASSIGNMENTSurveyor: AdrianDOI: 19/07/2021Date / Time : 22/07/2021Registered in Merimen: —**Pre-assign / CCU / FTE**Insured Vehicle No. : SLK 6599A

Claim No. : _____

Name of Insured : LIM KIM POH

Policy No. : _____

Insured Tel No. : _____ HP: _____

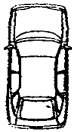
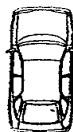
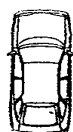
Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 15/07/2021

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**SKR 2843X →INSRS:
WSP: **KANG CAR**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SKR 2843X : CC4/ASM19004948/Agb3q2 ; DOA : 18/03/2019	STAGE
	SLK 6599A : X	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) ☐ ☐
		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: LWP
Repair Cost: L/S	S\$ 4,200.00 (6 days) Reduction: 40 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 07.07.22 Confirm with SHARON	Email ☐ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S\$ 4,494.00 OI REAR ENDED TP	
Loss of Rental (LOR):	S\$ - (days)	
Loss of Use (LOU):	S\$ 1,440.00 (\$ 120 x 12 days)	
Loss of Income (LOI):	S\$ - (\$ x days)	
LOR only ☐ LOU only ☒	LOR + LOU ☐ LOR + LO ☐ [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: \$400
Total:	S\$ 5,936.00 Global Sum S\$:	
FINAL PAYMENT	Date/Time: 07.07.22 Confirm with: SHARON	Email ☐ Call ☐
Payee 1:	S\$ 5,936.00 Name 1: KANG CAR REPAIRERS PTE LTD	
Payee 2: (Strike if N.A.)	S\$ Name 2:	
Payee 3: (Strike if N.A.)	S\$ Name 3:	