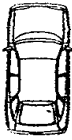


**ASSIGNMENT**Surveyor: KennethDOI: 12/08/2021Date / Time : 03/08/2021Registered in Merimen: —**Pre-assign / CCU / FTE**Insured Vehicle No. : SKJ 5888P

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

Name of Insured : CHAO YU

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

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

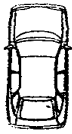
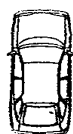
Make / Model : \_\_\_\_\_

**Excess Sec II :S\$** \_\_\_\_\_ D.O.A : 27/07/2021

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****SMU 5893S**INSRS:  
WSP: GUAN HIN  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time                                                                                                                                                          |                                                        |                                                                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|------------------------------------------------------------------------------------|
|                                                                                                                                                                     | SMU 5893S : X                                          | <b>STAGE</b> <b>DATE / PIC</b>                                                     |
|                                                                                                                                                                     | SKJ 5888P : CC4/ASM18008296/K1pb3q2 ; DOA : 03/05/2018 | Non-Reporting ltr (1st):                                                           |
|                                                                                                                                                                     |                                                        | Non-Reporting ltr (2nd):                                                           |
|                                                                                                                                                                     |                                                        | Non-Reporting ltr (Final):                                                         |
|                                                                                                                                                                     |                                                        | Notification ltr (if non-pickup):                                                  |
|                                                                                                                                                                     |                                                        | Call OI:                                                                           |
|                                                                                                                                                                     |                                                        | After call ltr to OI:                                                              |
|                                                                                                                                                                     |                                                        | <b>Documentation Check List: Handler Typist</b>                                    |
|                                                                                                                                                                     |                                                        | Notification ltr (if non-pickup) <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                                                                                                     |                                                        | After call ltr to OI: <input type="checkbox"/> <input type="checkbox"/>            |
|                                                                                                                                                                     |                                                        | Authorisation To Act: <input type="checkbox"/> <input type="checkbox"/>            |
|                                                                                                                                                                     |                                                        | Release Voucher: <input type="checkbox"/> <input type="checkbox"/>                 |
|                                                                                                                                                                     |                                                        | Final Repair Bill: <input type="checkbox"/> <input type="checkbox"/>               |
|                                                                                                                                                                     |                                                        | Car Rental Invoice: <input type="checkbox"/> <input type="checkbox"/>              |
|                                                                                                                                                                     |                                                        | Towing Invoice <input type="checkbox"/> <input type="checkbox"/>                   |
|                                                                                                                                                                     |                                                        | LTA / GIA : <input type="checkbox"/> <input type="checkbox"/>                      |
|                                                                                                                                                                     |                                                        | Medical Bill: <input type="checkbox"/> <input type="checkbox"/>                    |
|                                                                                                                                                                     |                                                        | PIR: <input type="checkbox"/> <input type="checkbox"/>                             |
|                                                                                                                                                                     |                                                        | Mandate/Reject Instruction: <input type="checkbox"/> <input type="checkbox"/>      |
|                                                                                                                                                                     |                                                        | LOD <input type="checkbox"/> <input type="checkbox"/>                              |
|                                                                                                                                                                     |                                                        | Payment Breakdown Form: <input type="checkbox"/> <input type="checkbox"/>          |
| <b>PRELIMINARY ADVICE</b>                                                                                                                                           | Date/Time: _____ Sent By: _____                        | Post-Repair Photos: <input type="checkbox"/> <input type="checkbox"/>              |
|                                                                                                                                                                     |                                                        | Others: <input type="checkbox"/> <input type="checkbox"/>                          |
| <b>FINALIZATION</b>                                                                                                                                                 | Date/Time: _____ Confirm with: _____                   | Confirm by: _____                                                                  |
| Repair Cost: P/P                                                                                                                                                    | S\$ 730.00 ( 2 days) Reduction: \$670.00 % 48          | Email <input type="checkbox"/> Call <input type="checkbox"/>                       |
| <b>FINAL SETTLEMENT</b>                                                                                                                                             | Date/Time: <u>03/11/2021</u> Confirm with <u>ng</u>    | 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\$ 730.00                                             |                                                                                    |
| Loss of Rental (LOR):                                                                                                                                               | S\$ 300.00 ( 3 days) x \$100                           |                                                                                    |
| 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\$                                                    |                                                                                    |
| 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: \$350.00                                                            |
| <b>Total:</b>                                                                                                                                                       | S\$ 1,030.00 <b>Global Sum S\$: 1,000.00</b>           |                                                                                    |
| <b>FINAL PAYMENT</b>                                                                                                                                                | Date/Time: _____ Confirm with: _____                   | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>            |
| Payee 1:                                                                                                                                                            | S\$ 1,000.00 Name 1: <u>GUAN HIN MOTOR WORKSHOP</u>    |                                                                                    |
| Payee 2: (Strike if N.A.)                                                                                                                                           | S\$ Name 2: _____                                      |                                                                                    |
| Payee 3: (Strike if N.A.)                                                                                                                                           | S\$ Name 3: _____                                      |                                                                                    |