

ASSIGNMENTSurveyor: LWPDOI: 31/08/2021Date / Time : 30/08/2021

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : SMD 666DClaim No. : S1M03GOLName of Insured : QUAN HUI TECHNOLOGIES PTE LTDPolicy No. : P2394465

Insured Tel No. : _____ HP: _____

Make / Model : Toyota VellfireExcess Sec II :\$ _____ D.O.A : 27/08/2021 11:10Place of Accident : PEOPLE'S PARK COMPLEX CARPARK

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

If NO, Driver Name / Age : KWEK JUN WEI

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

Driver Tel No. : _____

(V/L: YES / NO)

Insured Liability : % **Final ? Yes / No**SMX 7778MINSRS:
WSP: STK AUTO (S)
Tel : PTE LTD
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	SMX 7778M - X	STAGE	DATE / PIC
	SMD 666D - CC6/QBE20002817/Aka3q2 ; 17/02/2020	Non-Reporting ltr (1st):	
	NA/MSG20002665/z4 ; 17/02/2020	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
	CLAIMANT - KNOW CHONG LAM	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: <u>L/S</u>	S\$ <u>3700.00</u>	(<u>5</u> days) Reduction: <u>5011.50</u>	% <u>58</u> Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: <u>18/05/2022</u>	Confirm with <u>GUO HUA</u>	Email ☒ Call ☐
Final Liability:	% <u>50</u>	(Agreed / Assessed) BOLA S/N No. : <u>NIL</u>	If NO or B 28, Ass. Lia :
Repair Cost: 3959.00	S\$ <u>1,979.50</u>	W/GST	
Loss of Rental (LOR):	S\$ (_____ days)		BOTH PARTIES TURNING AT MSCP
Loss of Use (LOU): 400.00	S\$ <u>200.00</u> (\$ <u>80</u> x <u>5</u> days)	<u>250.00</u>	ROUNABOUT SLOPE
Loss of Income (LOI):	S\$ (\$ _____ x _____ days)		
LOR only ☐ LOU only ☒	LOR + LOU ☐ LOR + LOI ☐ [Tick only one]		
GIA/LTA Search	S\$ <u>7.45</u>		
Medical:	S\$		1) Claim status: ☒ Normal/Reject/Private Settle
Disbursement:	S\$ (e.g. Tow/ Independent)		2) Report Format: <u>TP</u>
Legal Cost	S\$		3) Survey fee: <u>\$350.00</u>
Total:	S\$ <u>2,179.50</u>	Global Sum S\$: <u>2,150.00</u>	
FINAL PAYMENT	Date/Time: _____	Confirm with: _____	Email ☒ Call ☐
Payee 1:	S\$ <u>2,150.00</u>	Name 1: <u>STK AUTO (S) PTE LTD</u>	
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	