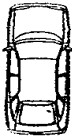


ASSIGNMENTSurveyor: **Kenneth**DOI: **15/09/2021**Date / Time : **15/09/2021**Registered in Merimen: **—****Pre-assign / CCU / FTE**Insured Vehicle No. : **GBC 7875G**

Claim No. : _____

Name of Insured : **ROBIN VILLAGE DEVELOPMENT PTE LTD**

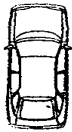
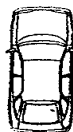
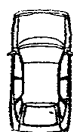
Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **10/09/2021**

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****SLA 3447C**INSRS:
WSP: **Caris Autoworks**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SLA 3447C : CC3/III18007318/wb3XX ; DOA : 14/04/2018	STAGE DATE / PIC
	GBC 7875G : CC4/LPC21005095/Kpa3 ; DOA : 22/04/2021	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:
FINALIZATION	Date/Time:	Confirm with:
Repair Cost: L/SUM	S\$ 3,700.00 (2 days) Reduction: 36 %	Confirm by:
FINAL SETTLEMENT	Date/Time: 15/12/2021	Confirm with SHERRY
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : NIL	Email ☒ Call ☐
Repair Cost:	S\$ 3,700.00	If NO or B 28, Ass. Lia :
Loss of Rental (LOR):	S\$ (days)	
Loss of Use (LOU):	S\$ 200.00 (\$ 100 x 2 days)	
Loss of Income (LOI):	S\$ (\$ x days)	
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LO ☐ [Tick only one]		
GIA/LTA Search	S\$ 7.45	
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: 400.00
Total:	S\$ 3,907.45	Global Sum S\$:
FINAL PAYMENT	Date/Time:	Confirm with:
Payee 1:	S\$ 3,907.45	Name 1: Caris Autoworks Pte Ltd
Payee 2: (Strike if N.A.)	S\$	Name 2:
Payee 3: (Strike if N.A.)	S\$	Name 3: