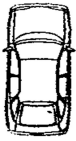


ASSIGNMENTSurveyor: **KENNETH**DOI: **29/09/2021**Date / Time : **29/09/2021**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **SMX 3072S**Claim No. : **SNM21D205474/C02/SMX3072S/LEEPG**

Name of Insured : _____

Policy No. : **DMPCSNW00197172000**

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **27/09/2021 09:50**

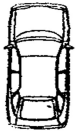
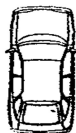
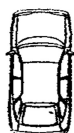
Place of Accident : _____

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

If NO, Driver Name / Age : _____

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

Driver Tel No. : _____ (V/L: YES / NO)

Insured Liability : % **Final ? Yes / No****SMA 8805H**INSRS:
WSP: **LIAN HUP SENG**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SMA 8805H - X		SMX 3072S - X		STAGE	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
					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:	☐
					Post-Repair Photos:	☐
					Others:	☐
PRELIMINARY ADVICE	Date/Time:	Sent By:				
FINALIZATION	Date/Time:	Confirm with:			Confirm by: KSC	
Repair Cost:	L/S	S\$ 4,500.00	(4 days)	Reduction:	45 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 30.12.21	Confirm with SHERMAINE			Email ☐ Call ☐	
Final Liability:	100	% 50	(Agreed / Assessed) BOLA S/N No. : B24a			If NO or B 28, Ass. Lia :
Repair Cost:	\$4,500.00	S\$ 2,250.00	OI REVERSED INTO THE PARKING LOT / TP EXIT FROM THE PARKING LOT.			
Loss of Rental (LOR):	-	S\$ -	(days)			
Loss of Use (LOU):	\$240	S\$ 120.00	(\$ 60 x 4 days)			
Loss of Income (LOI):	-	S\$ -	(\$ x days)			
LOR only ☐	LOU only ☒	LOR + LOU ☐	LOR + LOI ☐ [Tick only one]			
GIA/LTA Search	-	S\$ -				
Medical:	-	S\$ -				
Disbursement:	-	S\$ -	(e.g. Tow/ Independent)			
Legal Cost	-	S\$ -				
Total:	\$4,740.00	S\$ 2,370.00	Global Sum S\$:			
FINAL PAYMENT	Date/Time: 30.12.21	Confirm with: SHERMAINE			Email ☐ Call ☐	
Payee 1:	S\$ 2,370.00	Name 1: LIAN HUP SENG MOTOR WORKS				
Payee 2: (Strike if N.A.)	S\$	Name 2:				
Payee 3: (Strike if N.A.)	S\$	Name 3:				

1) Claim status: Normal/~~Reject/Private Settlement~~2) Report Format: **TP**3) Survey fee: **\$400**