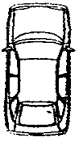


**ASSIGNMENT**

Surveyor: ADRIAN DOI: 05/10/2021 Date / Time : 05/10/2021  
 Registered in Merimen: 06/10/2021

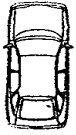
**Pre-assign / CCU / FTE**



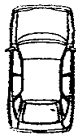
Insured Vehicle No. : SNB 8901X Claim No. : 9155598064SG  
 Name of Insured : \_\_\_\_\_ Policy No. : 7210110461  
 Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_ Make / Model : \_\_\_\_\_  
**Excess Sec II :S\$** \_\_\_\_\_ D.O.A : 01/10/2021 21:45 Place of Accident : Jln Eunon  
 Is driver the owner? ( 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**

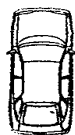
**SLW 7672B**



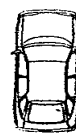
INSRS: **Kang Car**  
 WSP: **Reparers**  
 Tel : **Pte Ltd**  
 Liability  
 RMKS:



INSRS:  
 WSP:  
 Tel :  
 Liability :  
 RMKS:



INSRS:  
 WSP:  
 Tel :  
 Liability :  
 RMKS:



INSRS:  
 WSP:  
 Tel :  
 Liability :  
 RMKS:

Date/ Time		STAGE	DATE / PIC
	<b>SLW 7672B - CC4/ASM19007412/Aja3q2 ; 25.04.19</b>	Non-Reporting ltr (1st):	
	<b>SNB 8901X - X</b>	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"/>
		After call ltr to OI:	<input type="checkbox"/>
		Authorisation To Act:	<input type="checkbox"/>
		Release Voucher:	<input type="checkbox"/>
		Final Repair Bill:	<input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/>
		Towing Invoice	<input type="checkbox"/>
	<b>CLAIMANT - LIANG YIN CHUM @ HO AH KWAI</b>	LTA / GIA :	<input type="checkbox"/>
	<b>TPV: HONDA CIVIC - 1597cc</b>	Medical Bill:	<input type="checkbox"/>
		PIR:	<input type="checkbox"/>
		Mandate/Reject Instruction:	<input type="checkbox"/>
		LOD	<input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/>
<b>PRELIMINARY ADVICE</b> Date/Time:	Sent By:	Post-Repair Photos:	<input type="checkbox"/>
		Others:	<input type="checkbox"/>
<b>FINALIZATION</b> Date/Time:	Confirm with:	Confirm by:	
Repair Cost: <b>PP</b> S\$ <b>4255.84</b> ( 5 days) Reduction: <b>2616.36</b> % <b>38</b>		Email <input type="checkbox"/> Call <input type="checkbox"/>	
<b>FINAL SETTLEMENT</b> Date/Time: <b>26/08/2022</b> Confirm with <b>SHARON</b>		Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Final Liability: % <b>100</b> (Agreed / Assessed) BOLA S/N No. : <b>5</b>		If NO or B 28, Ass. Lia :	
Repair Cost: S\$ <b>4,553.75</b> <b>W/GST</b>			
Loss of Rental (LOR): S\$ <b>500.00</b> ( 5 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 + LOI <input type="checkbox"/> [Tick only one]			
GIA/LTA Search S\$ <b>2.00</b>			
Medical: S\$		1) Claim status: <input checked="" type="checkbox"/> Normal/Reject/Private Settle	
Disbursement: S\$ (e.g. Tow/ Independent )		2) Report Format: <b>TP</b>	
Legal Cost S\$		3) Survey fee: <b>\$320.00</b>	
<b>Total:</b> S\$ <b>5,055.75</b> <b>Global Sum S\$:</b>			
<b>FINAL PAYMENT</b> Date/Time:	Confirm with:	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Payee 1: S\$ <b>5,055.75</b> Name 1: <b>KANG CAR REPAIRERS PTE LTD</b>			
Payee 2: (Strike if N.A.) S\$ Name 2:			
Payee 3: (Strike if N.A.) S\$ Name 3:			