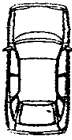


**ASSIGNMENT**Surveyor: KennethDOI: 08/10/2021Date / Time : 07/10/2021Registered in Merimen: 07/10/2021**Pre-assign / CCU / FTE**Insured Vehicle No. : EH 95A

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

Name of Insured : LOONG CHOE YUEN

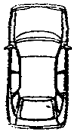
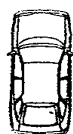
Policy No. : \_\_\_\_\_

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

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

**Excess Sec II :S\$** \_\_\_\_\_ D.O.A : 05/10/2021

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****SJG 8753C** → \_\_\_\_\_ → \_\_\_\_\_ → \_\_\_\_\_ → \_\_\_\_\_INSRS:  
WSP: AH LIM  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time                                                                                                                                                          |                                                      |                                                                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|------------------------------------------------------------------------------------|
|                                                                                                                                                                     | <b>SJG 8753C : X</b>                                 | <b>STAGE</b>                                                                       |
|                                                                                                                                                                     | <b>EH 95A : CS/TP09000289/Rr1 ; DOA : 05/12/2008</b> | <b>DATE / PIC</b>                                                                  |
|                                                                                                                                                                     |                                                      | 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: <b>KSC</b>                                                             |
| Repair Cost: <b>L/S</b> S\$ <b>1,400.00</b> ( <b>3</b> days) Reduction: <b>53</b> %                                                                                 |                                                      | Email <input type="checkbox"/> Call <input type="checkbox"/>                       |
| <b>FINAL SETTLEMENT</b>                                                                                                                                             | Date/Time: <b>08.03.22</b> Confirm with <b>ZILA</b>  | Email <input type="checkbox"/> Call <input type="checkbox"/>                       |
| Final Liability: % <b>100</b> (Agreed / Assessed) BOLA S/N No. : <b>NIL</b>                                                                                         |                                                      | If NO or B 28, Ass. Lia :                                                          |
| Repair Cost: <b>w/GST</b> S\$ <b>1,498.00</b>                                                                                                                       |                                                      | <b>OID HIT TP PARKED VEH</b>                                                       |
| Loss of Rental (LOR): S\$ <b>-</b> ( _____ days)                                                                                                                    |                                                      |                                                                                    |
| Loss of Use (LOU): S\$ <b>180.00</b> (\$ <b>60</b> x <b>3</b> days)                                                                                                 |                                                      |                                                                                    |
| Loss of Income (LOI): S\$ <b>-</b> (\$ _____ x _____ days)                                                                                                          |                                                      |                                                                                    |
| LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LO <input type="checkbox"/> [Tick only one] |                                                      |                                                                                    |
| GIA/LTA Search S\$ <b>2.00</b>                                                                                                                                      |                                                      |                                                                                    |
| Medical: S\$ <b>-</b>                                                                                                                                               |                                                      | 1) Claim status: Normal/ <del>Reject/Private Settle</del>                          |
| Disbursement: S\$ <b>-</b> (e.g. Tow/ Independent )                                                                                                                 |                                                      | 2) Report Format: <b>TP</b>                                                        |
| Legal Cost S\$ <b>-</b>                                                                                                                                             |                                                      | 3) Survey fee: <b>\$320</b>                                                        |
| <b>Total:</b> S\$ <b>1,680.00</b>                                                                                                                                   | <b>Global Sum S\$:</b>                               |                                                                                    |
| <b>FINAL PAYMENT</b>                                                                                                                                                | Date/Time: <b>08.03.22</b> Confirm with: <b>ZILA</b> | Email <input type="checkbox"/> Call <input type="checkbox"/>                       |
| Payee 1: S\$ <b>1,680.00</b>                                                                                                                                        | Name 1: <b>AH LIM MOTOR COMPANY</b>                  |                                                                                    |
| Payee 2: (Strike if N.A.) S\$ _____                                                                                                                                 | Name 2: _____                                        |                                                                                    |
| Payee 3: (Strike if N.A.) S\$ _____                                                                                                                                 | Name 3: _____                                        |                                                                                    |