

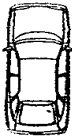
Surveyor:

Adrian

DOI:

ASSIGNMENT
08/10/2021CC6/CTI21010443/Apa3q2Date / Time : 11/10/2021Registered in Merimen: —

Pre-assign / CCU / FTE

Insured Vehicle No. : SMX 1780UClaim No. : SNM21D205718Name of Insured : NG WEE LIANG (WANG WEILONG)Policy No. : DMPCSNW00037562100

Insured Tel No. : _____ HP: _____

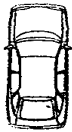
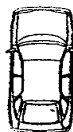
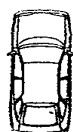
Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 06/10/2021

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**SMH 3237TINSRS:
WSP: KT MOTORWERK
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			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:	Confirm by:
Repair Cost: <u>L/sum</u>	S\$ <u>4,800.00</u> (<u>6</u> days) Reduction: <u>57</u> %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: <u>18/05/2022</u>	Confirm with <u>John</u>	Email ☒ Call ☐
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>27</u>	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ <u>4,800.00</u>		
Loss of Rental (LOR):	S\$ <u>600.00</u> (<u>6</u> days) x\$100.00		
Loss of Use (LOU):	S\$ (\$ x days)		
Loss of Income (LOI):	S\$ (\$ x days)		
LOR only ☒ LOU only ☐ LOR + LOU ☐ LOR + LO ☐ [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>\$400.00</u>	
Total:	S\$ <u>5,407.45</u>	Global Sum S\$:	<u>5,400.00</u>
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☒ Call ☐
Payee 1:	S\$ <u>5,400.00</u>	Name 1:	<u>KT MOTORWERK</u>
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	