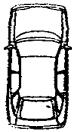


ASSIGNMENT

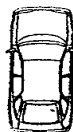
Surveyor: Kennth DOI: 12/10/2021 Date / Time : 12/10/2021
 Registered in Merimen: 12/10/2021

Pre-assign / CCU / FTE

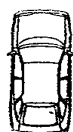
Insured Vehicle No. : GBF 6472B Claim No. : 8772684679SG
 Name of Insured : KONG GENGHERAL CONTRACTOR PTE LTD Policy No. : 7210002614
 Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II :S\$ _____ D.O.A : 11/10/2021 Place of Accident : _____
 Is driver the owner? (YES / ☒ NO) Nature of Accident : _____
 If NO, Driver Name / Age : _____ OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NO
 Driver Tel No. : _____ (V/L: ☒ YES / NO) Insured Liability : _____ % **Final ? Yes / No**

SLU 7850P

INSRS:
WSP: CHENG HOE
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SLU 7850P : X	STAGE DATE / PIC
	GBF 6472B : CC4/AIG21003294/Kps3 ; DOA : 10/03/2021	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:
		Post-Repair Photos: ☐ ☐
		Others: ☐ ☐
FINALIZATION	Date/Time:	Confirm with:
Repair Cost: <u>L/Sum</u>	S\$ <u>11,750.00</u> (<u>5</u> days) Reduction: <u>31</u> %	Confirm by:
		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: <u>25/10/2022</u> Confirm with <u>Ms June</u>	Email ☒ Call ☐
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>NIL</u>	If NO or B 28, Ass. Lia :
Repair Cost: <u>with GST</u>	S\$ <u>12,572.50</u>	
Loss of Rental (LOR):	S\$ _____ (_____ days)	
Loss of Use (LOU):	S\$ <u>400.00</u> (\$ <u>80</u> x <u>5</u> days)	
Loss of Income (LOI):	S\$ _____ (\$ _____ x _____ days)	
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LO ☐ [Tick only one]		
GIA/LTA Search	S\$ <u>2.00</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>\$320.00</u>
Total:	S\$ <u>12,974.50</u>	Global Sum S\$:
FINAL PAYMENT	Date/Time:	Confirm with:
		Email ☒ Call ☐
Payee 1:	S\$ <u>12,974.50</u>	Name 1: <u>CHENG HOE MOTOR PTE LTD</u>
Payee 2: (Strike if N.A.)	S\$ _____	Name 2: _____
Payee 3: (Strike if N.A.)	S\$ _____	Name 3: _____