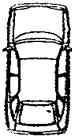


ASSIGNMENTSurveyor: **Steve**DOI: **20/10/2021**Date / Time : **18/10/2021**Registered in Merimen: **—****Pre-assign / CCU / FTE**Insured Vehicle No. : **GBB 5761U**

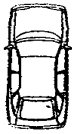
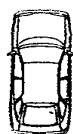
Claim No. : _____

Name of Insured : **ROTARY ENGINEERING PTE. LTD.**

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **20/09/2021**Place of Accident : **46 Pioneer Sector 2**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****SMQ 413Z**INSRS:
WSP: **WAH HONG**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time																																																
	SMQ 413Z : X ; GBB 5761U : X	<table border="1"> <thead> <tr> <th>STAGE</th> <th>DATE / PIC</th> </tr> </thead> <tbody> <tr><td>Non-Reporting ltr (1st):</td><td></td></tr> <tr><td>Non-Reporting ltr (2nd):</td><td></td></tr> <tr><td>Non-Reporting ltr (Final):</td><td></td></tr> <tr><td>Notification ltr (if non-pickup):</td><td></td></tr> <tr><td>Call OI:</td><td></td></tr> <tr><td>After call ltr to OI:</td><td></td></tr> <tr> <td>Documentation Check List:</td> <td>Handler</td> </tr> <tr> <td>Notification ltr (if non-pickup)</td> <td>☐</td> </tr> <tr> <td>After call ltr to OI:</td> <td>☐</td> </tr> <tr> <td>Authorisation To Act:</td> <td>☐</td> </tr> <tr> <td>Release Voucher:</td> <td>☐</td> </tr> <tr> <td>Final Repair Bill:</td> <td>☐</td> </tr> <tr> <td>Car Rental Invoice:</td> <td>☐</td> </tr> <tr> <td>Towing Invoice</td> <td>☐</td> </tr> <tr> <td>LTA / GIA :</td> <td>☐</td> </tr> <tr> <td>Medical Bill:</td> <td>☐</td> </tr> <tr> <td>PIR:</td> <td>☐</td> </tr> <tr> <td>Mandate/Reject Instruction:</td> <td>☐</td> </tr> <tr> <td>LOD</td> <td>☐</td> </tr> <tr> <td>Payment Breakdown Form:</td> <td>☐</td> </tr> <tr> <td>Post-Repair Photos:</td> <td>☐</td> </tr> <tr> <td>Others:</td> <td>☐</td> </tr> </tbody> </table>	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:	☐
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:	☐																																															
	CLAIMANT: CHONG LI LING CLARE																																															
	TPV: TOYOTA VIOS - 1496cc																																															
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____																																															
FINALIZATION	Date/Time: _____ Confirm with: _____	Confirm by: _____																																														
Repair Cost: L/S	S\$ \$900.00 (3 days) Reduction: \$765.00 % 46	Email ☐ Call ☐																																														
FINAL SETTLEMENT	Date/Time: 16/02/2022 Confirm with JENNY	Email ☒ Call ☐																																														
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 23	If NO or B 28, Ass. Lia :																																														
Repair Cost:	S\$ 963.00 W/GST																																															
Loss of Rental (LOR):	S\$ _____ (_____ days)																																															
Loss of Use (LOU):	S\$ 240.00 (\$ 60 x 4 days)																																															
Loss of Income (LOI):	S\$ _____ (\$ _____ x _____ days)																																															
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LO ☐ [Tick only one]																																																
GIA/LTA Search	S\$ _____																																															
Medical:	S\$ _____	1) Claim status: Normal /Reject/Private Settle																																														
Disbursement:	S\$ _____ (e.g. Tow/ Independent)	2) Report Format: TP																																														
Legal Cost	S\$ _____	3) Survey fee: \$400.00																																														
Total:	S\$ 1203.00 Global Sum S\$: 1200.00																																															
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email ☒ Call ☐																																														
Payee 1:	S\$ 1,200.00 Name 1: WAH HONG MOTORS & CREDIT PTE LTD																																															
Payee 2: (Strike if N.A.)	S\$ _____ Name 2: _____																																															
Payee 3: (Strike if N.A.)	S\$ _____ Name 3: _____																																															