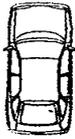
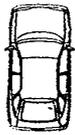
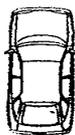
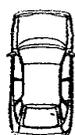
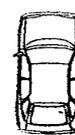


ASSIGNMENTSurveyor: KENNETHDOI: 21/04/2020Date / Time : 21/04/2020Registered in Merimen: 21/04/2020**Pre-assign / CCU / FTE**Insured Vehicle No. : SDV 5785YClaim No. : 2926518990SGName of Insured : WONG MENG TECKPolicy No. : 1900077574

Insured Tel No. : _____ HP: _____

Make / Model : SUBARUFORESTER-2.0 I-S EYESIGHT
AWD CVT SR (A)Excess Sec II : S\$ _____ D.O.A : 18/04/2020Place of Accident : 10 KALLANG ROAD
(OUTSIDE ICA BUILDING)Is driver the owner? (YES / NO) Nature of Accident :If NO, Driver Name / Age : WONG LAY MEIN, SHARONOI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NODriver Tel No. : 97333584 (V/L: YES / NO)Insured Liability : _____ % **Final ? Yes / No**SHD 5470CINSRS:
WSP: TRANS CAB
Tel : _____
Liability : _____
RMKS: _____INSRS:
WSP: _____
Tel : _____
Liability : _____
RMKS: _____INSRS:
WSP: _____
Tel : _____
Liability : _____
RMKS: _____INSRS:
WSP: _____
Tel : _____
Liability : _____
RMKS: _____

| Date/ Time | | | | | |
|--|---|------------------------------------|---|--------------------------------|-------------------------------|
| | SHD 5470C - CS/SMO20000183/Ktd3n2 | 02/01/2020 | STAGE | DATE / PIC | |
| | CS/FCI13001500/Uvu2 | 20/01/2013 | Non-Reporting ltr (1st): | | |
| | CC3/TMI19015615/Ktf3n2 | 01/09/2019 | Non-Reporting ltr (2nd): | | |
| | | | Non-Reporting ltr (Final): | | |
| | SDV 5785Y - CS3/AIG16002798/Aha3s2 | 09/02/2016 | Notification ltr (if non-pickup): | | |
| | CC3/AIG16002913/Kgbd1 | 09/02/2016 | Call OI: | | |
| | | | After call ltr to OI: | | |
| | | | Documentation Check List: | Handler | Typist |
| | | | 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"/> |
| 01062021 | 10 DAYS NOTICE EMAIL TP ON 20/05/2021. TILL DATE, STILL NO RESPONSE. SUBMIT WP. ADMIN TO CLOSE | | 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"/> |
| | | | Post-Repair Photos: | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | Others: | <input type="checkbox"/> | <input type="checkbox"/> |
| PRELIMINARY ADVICE | Date/Time: | Confirm with: | Confirm by: | | |
| Repair Cost: P/P | S\$ 4583.10 (3 days) Reduction: \$24,782.20 % 84 | | | Email <input type="checkbox"/> | Call <input type="checkbox"/> |
| FINAL SETTLEMENT | Date/Time: 25/07/2023 | Confirm with Wai Yin | Email <input checked="" type="checkbox"/> | Call <input type="checkbox"/> | |
| Final Liability: | % 100 (Agreed / Assessed) BOLA S/N No. : 23 | | If NO or B 28, Ass. Lia : | | |
| Repair Cost: with GST | S\$ 4,903.92 | | | | |
| Loss of Rental (LOR): | S\$ 302.05 (3.5 days) @\$86.30 | | | | |
| 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\$ 7.45 | | | | |
| 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: | \$30 (\$320 -\$290.00) | |
| Total: | S\$ 5,213.42 | Global Sum S\$: | | | |
| FINAL PAYMENT | Date/Time: | Confirm with: | Email <input checked="" type="checkbox"/> | Call <input type="checkbox"/> | |
| Payee 1: | S\$ 5,213.42 | Name 1: | TRANS-CAB AUTO SERVICES PTE LTD | | |
| Payee 2: (Strike if N.A.) | S\$ | Name 2: | | | |
| Payee 3: (Strike if N.A.) | S\$ | Name 3: | | | |