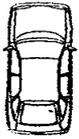


ASSIGNMENT

Surveyor: Kenneth DOI: 26/11/2021 Date / Time : 24/11/2021
Registered in Merimen: 24/11/2021

Pre-assign / CCU / FTE

Insured Vehicle No. : SMH 5901X Claim No. : _____
Name of Insured : SEAH SHAO QI Policy No. : 1900010038
Insured Tel No. : _____ HP: _____ Make / Model : Kia Cerato
Excess Sec II :S\$ _____ D.O.A : 21/11/2021 20:15 Place of Accident : Bishan Street 11, Singapore
Is driver the owner? (YES / NO) Nature of Accident : _____

If NO, Driver Name / Age :

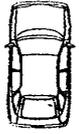
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

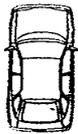
(V/L: YES / NO)

Insured Liability : %

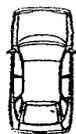
Final ? Yes / No

SLV 2355E

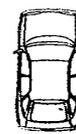
INSRS:
WSP: Ah Lim Motor
Tel : Company
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SLV 2355E - X	SMH 5901X - X	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 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"/>
			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:	Sent By:		
FINALIZATION	Date/Time:	Confirm with:	Confirm by:	
Repair Cost: <u>P/P</u>	S\$ <u>2,123.35</u> (<u>3</u> days) Reduction: <u>46</u> %		Email <input type="checkbox"/> Call <input type="checkbox"/>	
FINAL SETTLEMENT	Date/Time: <u>29/03/2022</u> Confirm with <u>Mui Hong</u>		Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>27</u>		If NO or B 28, Ass. Lia :	
Repair Cost: <u>w/GST</u>	S\$ <u>2,271.98</u>			
Loss of Rental (LOR):	S\$ (_____ days)			
Loss of Use (LOU):	S\$ <u>240.00</u> (\$ <u>60</u> x <u>4</u> days)			
Loss of Income (LOI):	S\$ (\$ _____ x _____ days)			
LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]				
GIA/LTA Search	S\$ <u>2.00</u>			
Medical:	S\$			
Disbursement:	S\$ (e.g. Tow/ Independent)		1) Claim status: Normal/ Reject/Dispute/Settle	
Legal Cost	S\$		2) Report Format: <u>TP</u>	
			3) Survey fee: <u>\$320.00</u>	
Total:	S\$ <u>2,513.98</u>	Global Sum S\$:		
FINAL PAYMENT	Date/Time:	Confirm with:	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Payee 1:	S\$ <u>2,513.98</u>	Name 1: <u>Ah Lim Motor Company</u>		
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		