

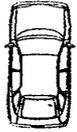
ASSIGNMENT

Surveyor: XGQ DOI: 01/12/2021 Date / Time : 30.11.2021
 Registered in Merimen: 30.11.2021

Pre-assign / CCU / FTE

Insured Vehicle No. : SMP 3374M Claim No. : _____
 Name of Insured : _____ Policy No. : _____
 Insured Tel No. : _____ HP: _____ Make / Model : _____
 Excess Sec II :S\$ _____ D.O.A : 31/08/2021 09:47 Place of Accident : ear 531 Bedok Reservoir Rd, 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**

GBJ 3726T

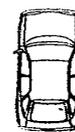
INSRS:
WSP: **ETHOZ GROUP**
Tel : **LTD**
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	GBJ 3726T - X	SMP 3374M - X	STAGE	DATE / PIC
			Non-Reporting ltr (1st):	
			Non-Reporting ltr (2nd):	
			Non-Reporting ltr (Final):	
			Notification ltr (if non-pickup):	
<u>02/03/2022</u>	<u>Pls refer to VIEWS for details.</u>		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"/>
PRELIMINARY ADVICE Date/Time:	Sent By:		Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
			Others:	<input type="checkbox"/> <input type="checkbox"/>
FINALIZATION Date/Time:	Confirm with:		Confirm by:	
Repair Cost: <u>L/sum</u>	S\$ <u>1,550.00</u>	(<u>3</u> days) Reduction: <u>29</u> %	Email <input checked="" type="checkbox"/>	Call <input type="checkbox"/>
FINAL SETTLEMENT Date/Time: <u>02/03/2022</u>	Confirm with <u>Ai Lee</u>		Email <input checked="" type="checkbox"/>	Call <input type="checkbox"/>
Final Liability:	% <u>100</u>	(Agreed / Assessed) BOLA S/N No. : <u>NIL</u>	If NO or B 28, Ass. Lia :	
Repair Cost: <u>W/GST</u>	S\$ <u>1,658.50</u>			
Loss of Rental (LOR):	S\$ _____ (_____ days)			
Loss of Use (LOU):	S\$ <u>240.00</u> (\$ <u>80</u> x <u>3</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>29.00</u>			
Medical:	S\$ _____			
Disbursement:	S\$ _____ (e.g. Tow/ Independent)		1) Claim status: Normal/Reject/Private Settle	
Legal Cost	S\$ _____		2) Report Format: <u>TP</u>	
Total:	S\$ <u>1,927.50</u>		3) Survey fee: <u>\$350.00</u>	
	Global Sum S\$: 1,900.00			
FINAL PAYMENT Date/Time:	Confirm with:		Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Payee 1:	S\$ <u>1,900.00</u>	Name 1: <u>Ethoz Group Ltd</u>		
Payee 2: (Strike if N.A.)	S\$ _____	Name 2:		
Payee 3: (Strike if N.A.)	S\$ _____	Name 3:		