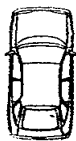


ASSIGNMENTSurveyor: MARCUSDOI: 13/12/2021Date / Time : 10/12/2021

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : GBC 2818EClaim No. : 21/21/21/VC05/025236

Name of Insured : _____

Policy No. : Z21/VC05008464

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 10/12/2021

Place of Accident : _____

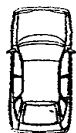
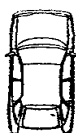
Is driver the owner? (YES / NO) Nature of Accident : _____

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**SLR 8925SINSRS:
WSP: Kah Motor
Tel : Ubi
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SLR 8925S - X	GBC 2818E - 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
			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:	☐
PRELIMINARY ADVICE	Date/Time:	Sent By:		
FINALIZATION	Date/Time:	Confirm with:	Confirm by:	
Repair Cost: <u>P/P</u>	S\$ <u>\$19,585.99</u> (<u>12</u> days) Reduction: <u>11</u> %		Email ☐	Call ☐
FINAL SETTLEMENT	Date/Time: <u>20/04/2022</u> Confirm with <u>Lim</u>		Email ☒	Call ☐
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>20,957.01</u>			
Loss of Rental (LOR):	S\$ (days)			
Loss of Use (LOU):	S\$ <u>1,300.00</u> (\$ <u>100</u> x <u>13</u> days)			
Loss of Income (LOI):	S\$ (\$ x days)			
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]				
GIA/LTA Search	S\$ <u>2.00</u>			
Medical:	S\$		1) Claim status: Normal/Reject/Prints Settled	
Disbursement:	S\$ (e.g. Tow/ Independent)		2) Report Format: <u>TP</u>	
Legal Cost	S\$		3) Survey fee: <u>\$400.00</u>	
Total:	S\$ <u>22,259.01</u>	Global Sum S\$:		
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☒	Call ☐
Payee 1:	S\$ <u>22,259.01</u>	Name 1:	<u>KAH MOTOR CO SDN BERHAD</u>	
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		