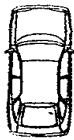


Surveyor: KennethDOI: ASSIGNMENT
31/12/2021Date / Time : 29/12/2021Registered in Merimen: 29/12/2021

Pre-assign / CCU / FTE

Insured Vehicle No. : GZ 5550B

Claim No. : _____

Name of Insured : VESA INTERIOR PTE LTD

Policy No. : _____

Insured Tel No. : _____ HP: _____

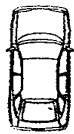
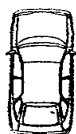
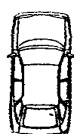
Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 28/12/2021

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 NODriver Tel No. : _____ (V/L: YES / NO)Insured Liability : _____ % **Final ? Yes / No**GBC 9119T →INSRS:
WSP: CHENG HOE
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	GBC 9119T : NA/CTI21013252/r3 ; DOA : 28/12/2021	STAGE DATE / PIC
	GZ 5550B : CC6/AIG10024417/Ka2u2k2 ; DOA : 20/11/2010	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) ☐ ☐
		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: ☐ ☐
PRELIMINARY ADVICE Date/Time:	Sent By:	Post-Repair Photos: ☐ ☐
		Others: ☐ ☐
FINALIZATION Date/Time:	Confirm with:	Confirm by:
Repair Cost: <u>P/P</u> S\$ <u>15,587.55</u> (<u>11</u> days) Reduction: <u>11</u> %		Email ☐ Call ☐
FINAL SETTLEMENT Date/Time: <u>26/10/2022</u> Confirm with <u>Ms June</u>		Email ☒ Call ☐
Final Liability: % <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>28</u>		If NO or B 28, Ass. Lia : <u>(ASS. 0%)</u>
Repair Cost: <u>with GST</u> S\$ <u>16,678.68</u>		
Loss of Rental (LOR): S\$ <u>1,575.00</u> (<u>15</u> days) @ \$105		
Loss of Use (LOU): S\$ _____ (\$ x days)		
Loss of Income (LOI): S\$ _____ (\$ x days)		
LOR only ☒ LOU only ☐ LOR + LOU ☐ LOR + LO ☐ [Tick only one]		
GIA/LTA Search S\$ <u>2.00</u>		
Medical: S\$ _____		1) Claim status: Normal/ <u>Reject/Private Settle</u>
Disbursement: S\$ _____ (e.g. Tow/ Independent)		2) Report Format: <u>TP</u>
Legal Cost S\$ _____		3) Survey fee: <u>\$320.00</u>
Total: S\$ <u>18,255.68</u>	Global Sum S\$:	
FINAL PAYMENT Date/Time:	Confirm with:	Email ☒ Call ☐
Payee 1: S\$ <u>18,255.68</u>	Name 1: <u>CHENG HOE MOTOR PTE LTD</u>	
Payee 2: (Strike if N.A.) S\$ _____	Name 2: _____	
Payee 3: (Strike if N.A.) S\$ _____	Name 3: _____	