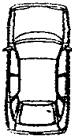


**ASSIGNMENT**Surveyor: AdrianDOI: 28/12/2021Date / Time : 29/12/2021Registered in Merimen: 29/12/2021**Pre-assign / CCU / FTE**

Insured Vehicle No. : SMK 1225A  
 Name of Insured : DAIMLER FLEET MANAGEMENT SINGAPORE PTE LTD

Claim No. : \_\_\_\_\_

Policy No. : \_\_\_\_\_

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

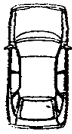
Make / Model : \_\_\_\_\_

Excess Sec II : \$ \_\_\_\_\_ 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****SJT 5512H**

INSRS:  
WSP: ADVANCE AUTO  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time                                                                                                                                                          |                                                                                                          |                                                                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
|                                                                                                                                                                     | SJT 5512H : <u>NA/CTI21013222/r3 ; DOA : 28/12/2021</u>                                                  | STAGE                                                                              |
|                                                                                                                                                                     | SMK 1225A :                                                                                              | 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:                                                              |
|                                                                                                                                                                     |                                                                                                          | <b>Documentation Check List: Handler Typist</b>                                    |
|                                                                                                                                                                     |                                                                                                          | 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"/>          |
| <b>PRELIMINARY ADVICE</b>                                                                                                                                           | Date/Time:                                                                                               | Sent By:                                                                           |
| <b>FINALIZATION</b>                                                                                                                                                 | Date/Time:                                                                                               | Confirm with:                                                                      |
| Repair Cost: <u>L/SUM</u>                                                                                                                                           | \$S\$ <u>10,500.00</u> ( <u>15</u> days) Reduction: <u>53</u> %                                          | Confirm by:                                                                        |
| <b>FINAL SETTLEMENT</b>                                                                                                                                             | Date/Time: <u>30/12/2022</u> Confirm with <u>Xavier</u>                                                  | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>            |
| Final Liability:                                                                                                                                                    | % <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>28</u>                                                | If NO or B 28, Ass. Lia : <u>100</u>                                               |
| Repair Cost:                                                                                                                                                        | \$S\$ <u>10,500.00</u>                                                                                   |                                                                                    |
| Loss of Rental (LOR):                                                                                                                                               | \$S\$ ( _____ days)                                                                                      |                                                                                    |
| Loss of Use (LOU):                                                                                                                                                  | \$S\$ <u>1,020.00</u> (\$ <u>60</u> x <u>17</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 + LO <input type="checkbox"/> [Tick only one] |                                                                                                          |                                                                                    |
| GIA/LTA Search                                                                                                                                                      | \$S\$ <u>7.45</u>                                                                                        |                                                                                    |
| Medical:                                                                                                                                                            | \$S\$                                                                                                    |                                                                                    |
| Disbursement:                                                                                                                                                       | \$S\$ <u>80.00</u> (e.g. <input checked="" type="checkbox"/> Tow/ <input type="checkbox"/> Independent ) | 1) Claim status: Normal/Reject/Private Settle                                      |
| Legal Cost                                                                                                                                                          | \$S\$                                                                                                    | 2) Report Format: <u>TP</u>                                                        |
|                                                                                                                                                                     |                                                                                                          | 3) Survey fee: <u>\$320.00</u>                                                     |
| <b>Total:</b>                                                                                                                                                       | \$S\$ <u>11,607.45</u>                                                                                   | <b>Global Sum \$S\$: <u>11,600.00</u></b>                                          |
| <b>FINAL PAYMENT</b>                                                                                                                                                | Date/Time:                                                                                               | Confirm with:                                                                      |
| Payee 1:                                                                                                                                                            | \$S\$ <u>11,600.00</u>                                                                                   | Name 1: <u>Advance Auto Garage</u>                                                 |
| Payee 2: (Strike if N.A.)                                                                                                                                           | \$S\$                                                                                                    | Name 2:                                                                            |
| Payee 3: (Strike if N.A.)                                                                                                                                           | \$S\$                                                                                                    | Name 3:                                                                            |