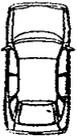


**ASSIGNMENT**Surveyor: KENNETHDOI: 25/01/2022Date / Time : 25/01/2022Registered in Merimen: 25/01/2022**Pre-assign / CCU / FTE**Insured Vehicle No. : GBF 4361B

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

Name of Insured : \_\_\_\_\_

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

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

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

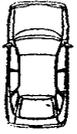
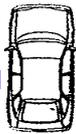
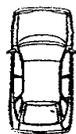
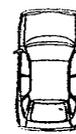
Excess Sec II :S\$ \_\_\_\_\_ D.O.A : 23/01/2022 12:00Place of Accident : Near Jln Lekar

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**SJH 7749SINSRS: T & B Motor  
WSP: Repairs  
Tel : Services Pte Ltd  
Liability:  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time			STAGE	DATE / PIC
	<u>SJH 7749S - X</u>	<u>GBF 4361B - X</u>	Non-Reporting ltr (1st):	
			Non-Reporting ltr (2nd):	
			Non-Reporting ltr (Final):	
			Notification ltr (if non-pickup):	
	<b>CLAIMANT - GIONG CHUN WEE</b>		Call OI:	
			After call ltr to OI:	
			<b>Documentation Check List: Handler Typist</b>	
	<b>TPV: T.ALLION - 1496cc</b>		Notification ltr (if non-pickup)	<input type="checkbox"/>
			After call ltr to OI:	<input type="checkbox"/>
			Authorisation To Act:	<input type="checkbox"/>
			Release Voucher:	<input type="checkbox"/>
			Final Repair Bill:	<input type="checkbox"/>
			Car Rental Invoice:	<input type="checkbox"/>
			Towing Invoice	<input type="checkbox"/>
			LTA / GIA :	<input type="checkbox"/>
			Medical Bill:	<input type="checkbox"/>
			PIR:	<input type="checkbox"/>
			Mandate/Reject Instruction:	<input type="checkbox"/>
			LOD	<input type="checkbox"/>
			Payment Breakdown Form:	<input type="checkbox"/>
<b>PRELIMINARY ADVICE</b>	Date/Time:	Sent By:	Post-Repair Photos:	<input type="checkbox"/>
			Others:	<input type="checkbox"/>
<b>FINALIZATION</b>	Date/Time:	Confirm with:	Confirm by:	
Repair Cost: <u>L/S</u>	S\$ <u>\$5,400.00</u> ( <u>4</u> days) Reduction: <u>\$5,038.36</u> % <u>48</u>		Email <input type="checkbox"/> Call <input type="checkbox"/>	
<b>FINAL SETTLEMENT</b>	Date/Time: <u>12/04/2022</u>	Confirm with <u>JUDY</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:	S\$ <u>5,400.00</u>			
Loss of Rental (LOR):	S\$ <u>500.00</u> ( <u>5</u> days) x \$100		(OI OVERTAKE TP FROM THE RIGHT	
Loss of Use (LOU):	S\$ (\$ x days)		(OPP DIRECTION LANE) / TP TURNING RIGHT	
Loss of Income (LOI):	S\$ (\$ x days)		INTO ENTRANCE)	
LOR only <input checked="" type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]				
GIA/LTA Search	S\$ <u>7.45</u>			
Medical:	S\$		1) Claim status: <input checked="" type="checkbox"/> Normal/Reject/Private Settle	
Disbursement:	S\$ (e.g. Tow/ Independent )		2) Report Format: <u>TP</u>	
Legal Cost	S\$		3) Survey fee: <u>\$320.00</u>	
<b>Total:</b>	<b>S\$ 5.907.45</b>	<b>Global Sum S\$:</b>		
<b>FINAL PAYMENT</b>	Date/Time:	Confirm with:	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Payee 1:	S\$ <u>5.907.45</u>	Name 1: <u>T &amp; B MOTOR REPAIRS SERVICES PTE LTD</u>		
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		