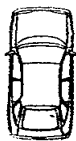


ASSIGNMENTSurveyor: **KENNETH**DOI: **01.04.2022**Date / Time : **01.04.2022**Registered in Merimen: **03.04.2022****Pre-assign / CCU / FTE**Insured Vehicle No. : **SLH 7521H**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$ \$ D.O.A : **30.03.2022 17:42**

Place of Accident : _____

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

If NO, Driver Name / Age : _____

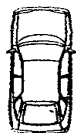
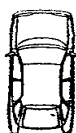
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : _____

(V/L: YES / NO)

Insured Liability : _____ %

Final ? Yes / No

SKV 5426BINSRS:
WSP: **Alan's United**
Tel : **Auto Pte Ltd**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SKV 5426B - CS/ICS21006124/Kqf3n2 ; 23.05.2021		
	SLH 7521H - X		
		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: L/SUM	\$ \$ 3,350.00 (4 days) Reduction: 28 %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 02/12/2022 Confirm with SHIJIE	Email ☒ Call ☐	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 33	If NO or B 28, Ass. Lia :	
Repair Cost: w/GST	\$ \$ 3,584.50		
Loss of Rental (LOR):	\$ \$ 960.00 (6 days) X \$160		
Loss of Use (LOU):	\$ \$ (\$ x days)		
Loss of Income (LOI):	\$ \$ (\$ x days)		
LOR only ☒ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]			
GIA/LTA Search	\$ \$ 2.00		
Medical:	\$ \$	1) Claim status: Normal/Reject/Private Settle	
Disbursement:	\$ \$ (e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost	\$ \$	3) Survey fee: \$320.00	
Total:	\$ \$ 4,546.50 Global Sum \$ \$: 4,500.00		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____ Email ☒ Call ☐		
Payee 1:	\$ \$ 4,500.00 Name 1: ALAN'S UNITED AUTO PTE LTD		
Payee 2: (Strike if N.A.)	\$ \$ Name 2:		
Payee 3: (Strike if N.A.)	\$ \$ Name 3:		