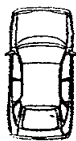


ASSIGNMENTSurveyor: AdrianDOI: 18/04/2022

Date / Time :

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : SLP 3675GClaim No. : S2M03YKLName of Insured : CHUA KUN LONGPolicy No. : GA212513

Insured Tel No. : _____ HP: _____

Make / Model : Honda GraceExcess Sec II : \$ _____ D.O.A : 14/04/2022 09:11Place of Accident : Ubi Ave 1, Singapore

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

If NO, Driver Name / Age :

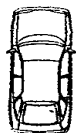
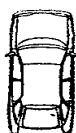
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

(V/L: YES / NO)

Insured Liability : %

Final ? Yes / No

SKW 2953KINSRS:
WSP: N-51
Tel : Automotive
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	<u>SKW 2953K - NA/INC18004041/z4 ; DOA : 01.03.2018</u>	Non-Reporting ltr (1st):	
	<u>SLP 3675G - X</u>	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>L/SUM</u>	S\$ <u>5,700.00</u> (<u>7</u> days) Reduction: <u>57</u> %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: <u>13/01/2023</u> Confirm with <u>Hui Xin</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>6,099.00</u>		
Loss of Rental (LOR):	S\$ <u>900.00</u> (<u>9</u> days) <u>X \$100</u>		
Loss of Use (LOU):	S\$ (\$ x days)		
Loss of Income (LOI):	S\$ (\$ x days)		
LOR only ☒ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]			
GIA/LTA Search	S\$ <u>7.45</u>		
Medical:	S\$		
Disbursement:	S\$ <u>100.00</u> (e.g. <u>Tow</u> independent)	1) Claim status: Normal/ <u>Reject/Private Settle</u>	
Legal Cost	S\$	2) Report Format: <u>TP</u>	
Total:	S\$ <u>7,106.45</u> Global Sum S\$: 7,100.00	3) Survey fee: <u>\$350.00</u>	
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email ☒ Call ☐	
Payee 1:	S\$ <u>7,100.00</u> Name 1: <u>N-51 AUTOMOTIVE PL</u>		
Payee 2: (Strike if N.A.)	S\$ Name 2:		
Payee 3: (Strike if N.A.)	S\$ Name 3:		